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EXCH. BULL

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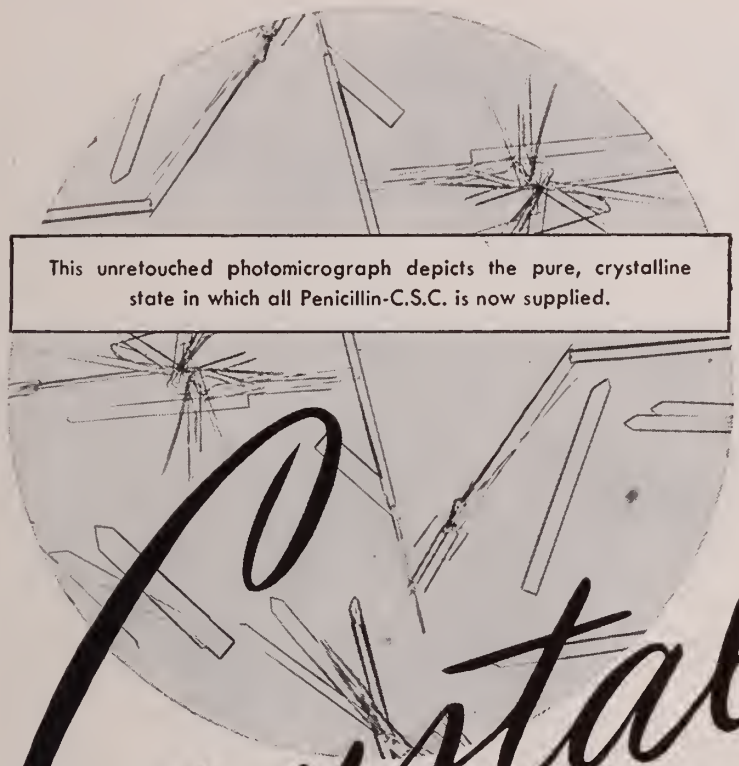
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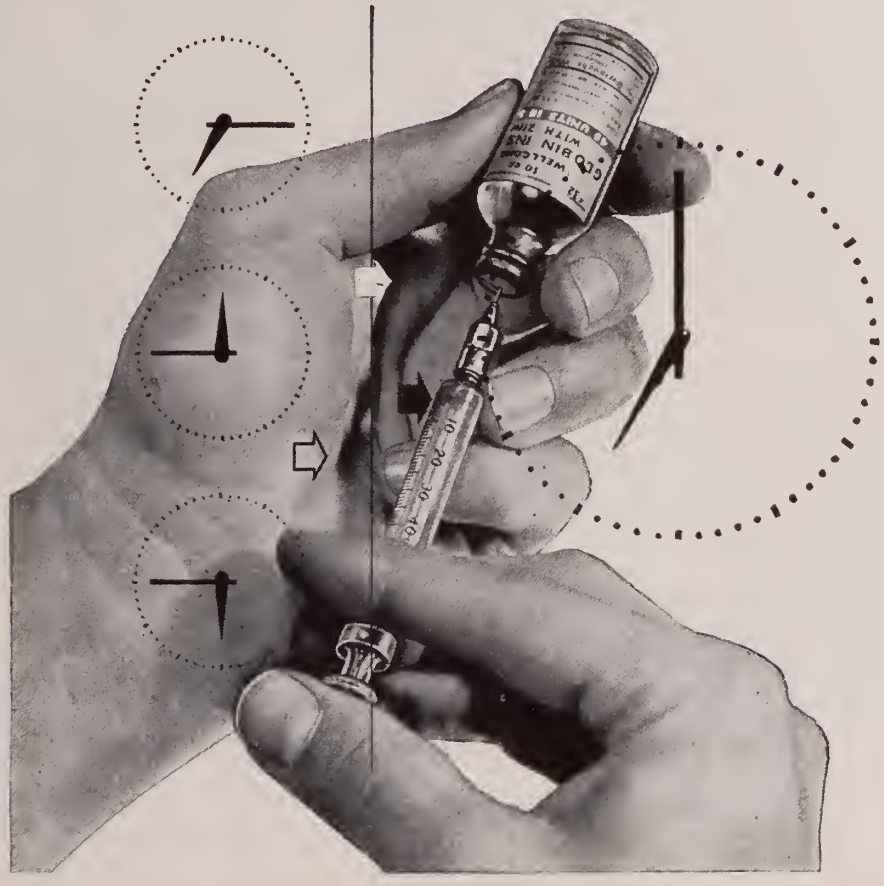
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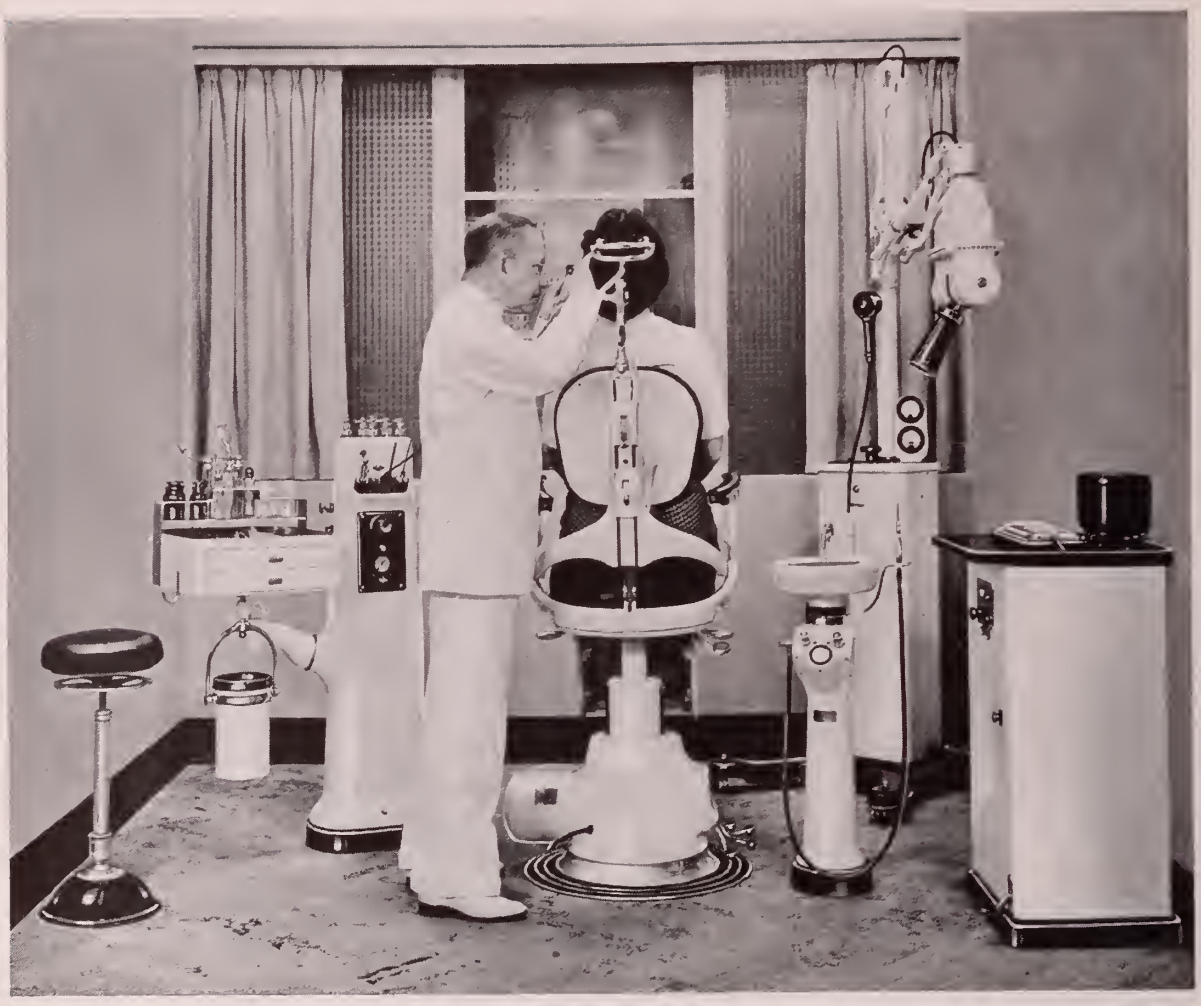
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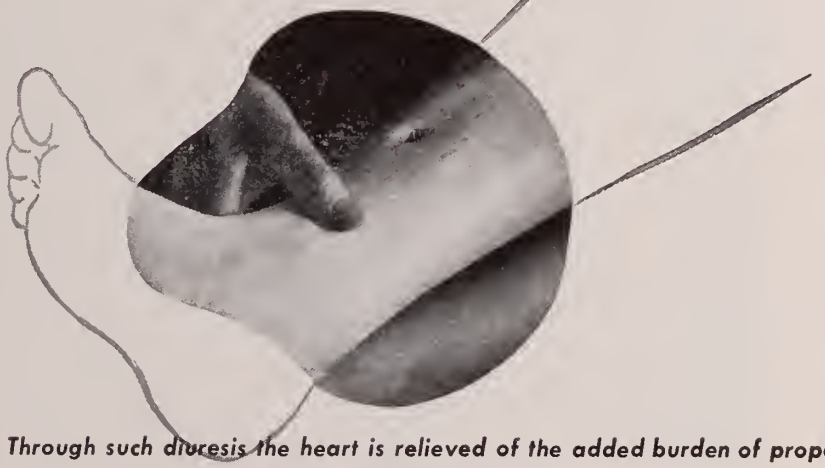
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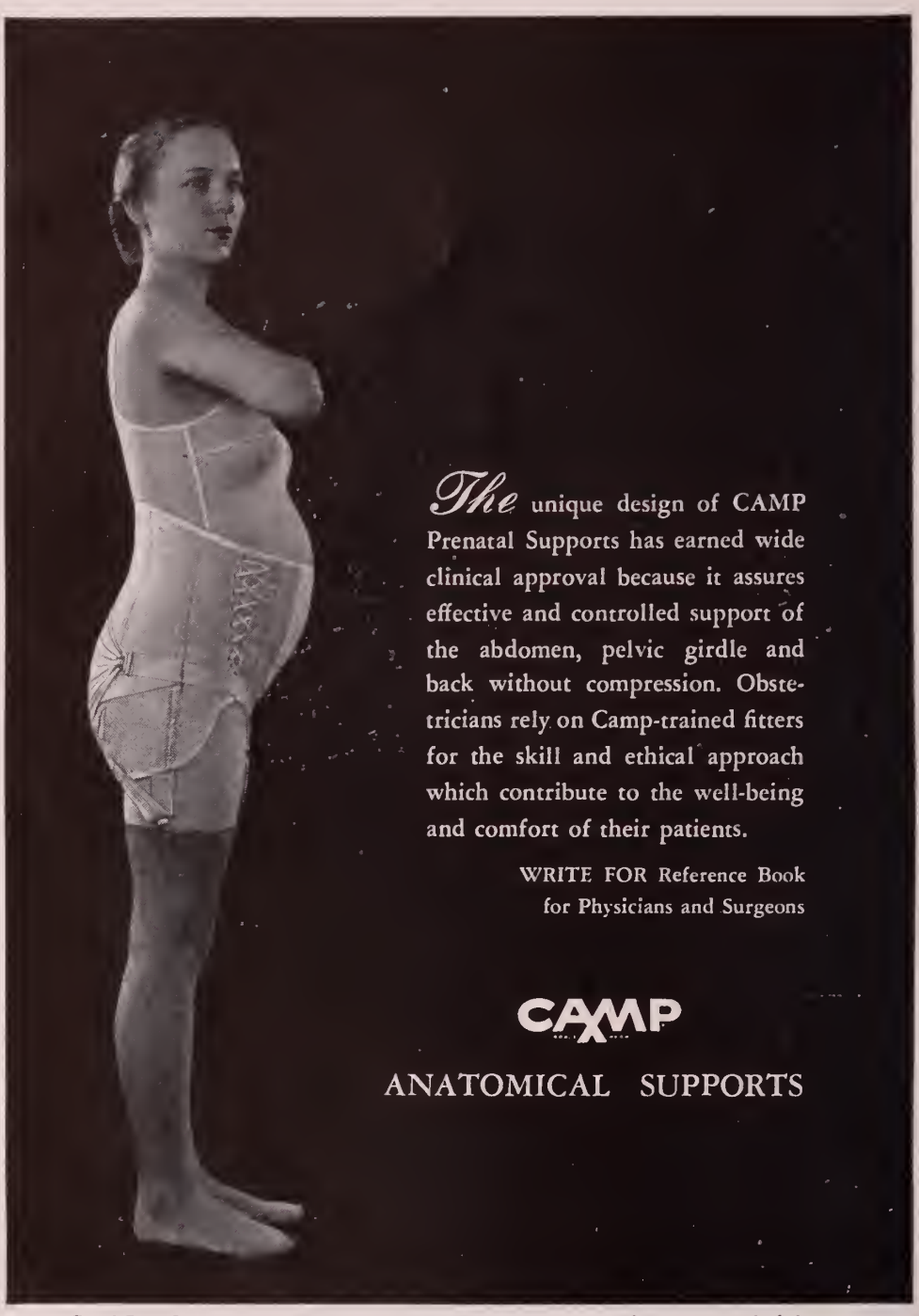
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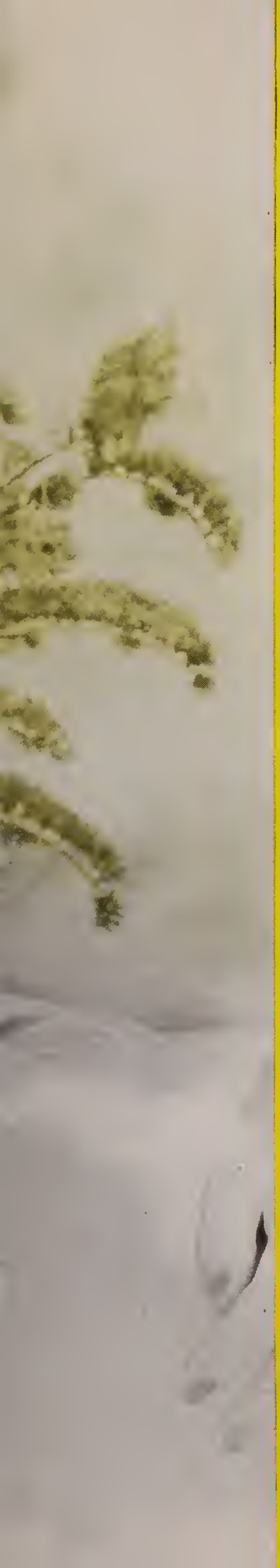
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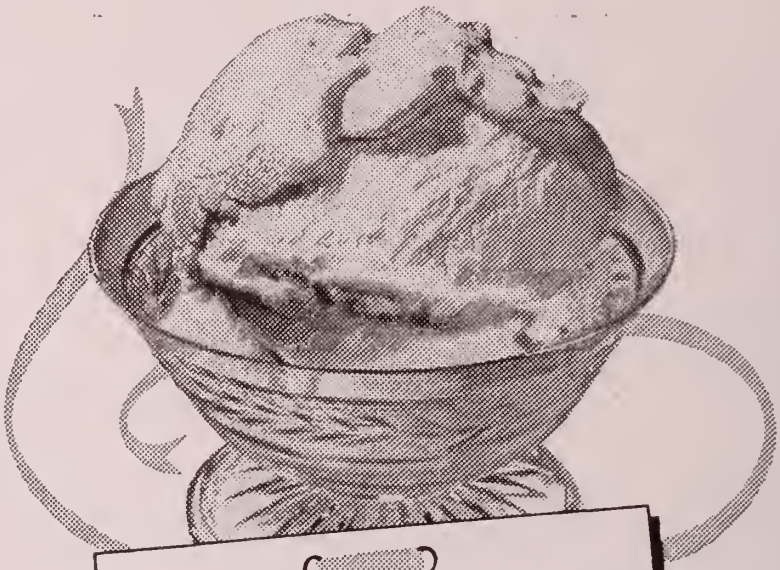
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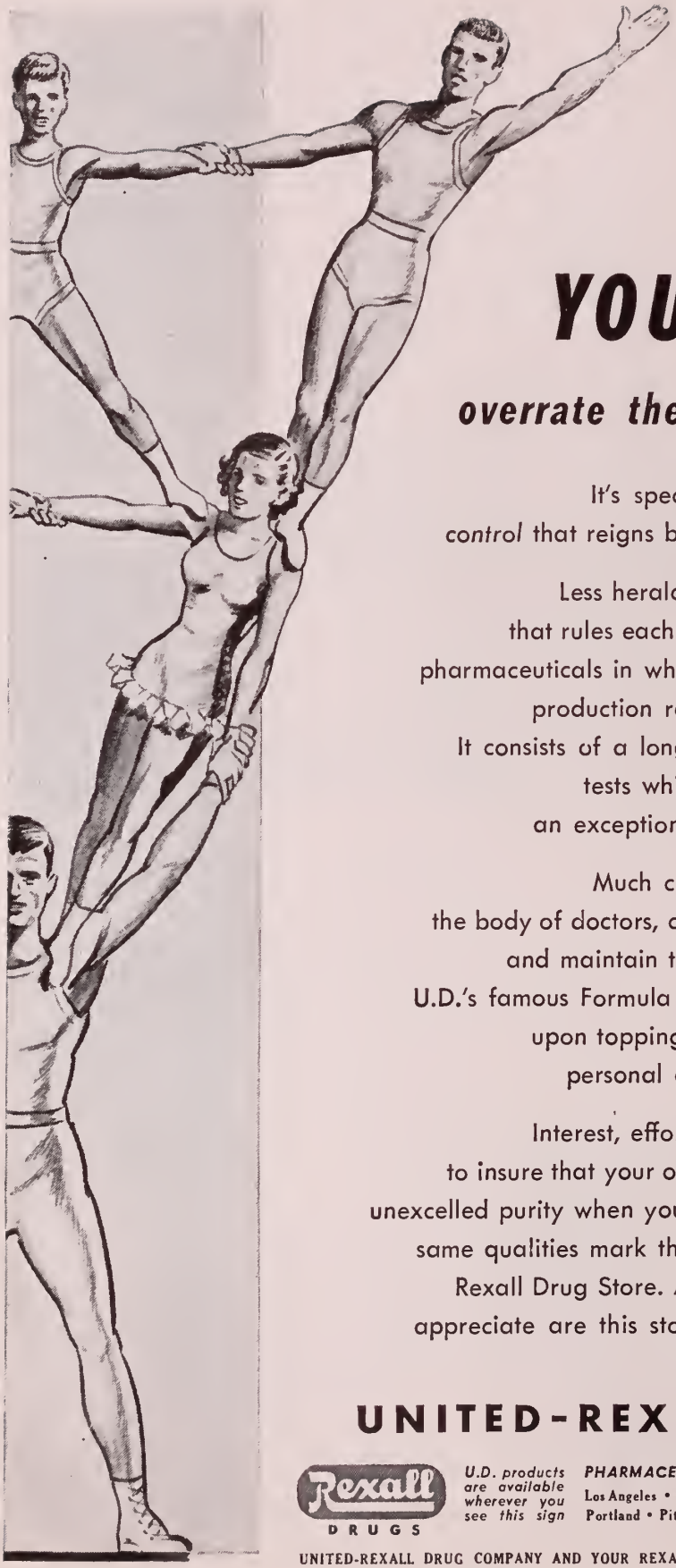


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1. Lehr, D.: Proc. Soc. Exper. Biol. & Med. 58:11, 1945.
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Far into the night

THERE is little rest for the busy physician even after the responsibilities to his patients have been satisfactorily discharged. Medical journals subsist entirely on the writings of physicians. The articles, designed for the purpose of sharing knowledge with others, require arduous toil, and time not available during office hours. It is well to remember then, in reading medical journal papers, that some physician somewhere may have worked far into the night with the hope that his colleagues would benefit.

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A picture of The Good Samaritan provided the inspiration that eventually led to the founding of Eli Lilly and Company

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PROGRESS IN ABDOMINAL SURGERY

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ATLANTA

In reviewing the history of surgery one is amazed that the leaders in many ages have considered that the limit of progress was reached in their generation and perhaps by their personal contributions. Thus, Ambroise Pare, in the sixteenth century, when he came to die, declared that nothing would be added to surgery after he was gone; while only three years before Crawford Long administrated the first surgical anesthetic, in 1842, another Frenchman, Velpeau, said: "To escape pain in surgical operations is a chimera we are not permitted to look for in our day." Even that Nestor of American surgeons of the middle of the nineteenth century, Samuel D. Gross, in 1876, expressed the opinion that "it is not probable that America will ever again produce four surgeons of equal renown with Philip Syng Physick, John C. Warren, Valentine Mott and Benjamin W. Dudley, for the reason that it is not at all likely that an equal number of young practitioners will ever again be placed under equally advantageous circumstances for their development." Further in the same paper Gross wrote that "little if any faith is placed by an enlightened or experienced surgeon on this side of the Atlantic in the so-called carbolic treatment of Professor Lister, apart from the care which is taken in applying the dressing."

The surgeons of today, however, are so accustomed to the rapid introduction of new methods and results that they realize the end of progress has not been reached, and they must be prepared always to understand and adopt new ideas and radical changes in practice. This attitude does not always imply discarding the great principles established by our forefathers. In spite of any progress certain fundamentals and groundwork will ever remain the same.

Despite the deplorable losses and suffering brought on by war, scientific knowledge is thereby enhanced, especially in the field of medicine and surgery. Such lessons as applied to progress in abdominal surgery concern particularly traumatic lesions, in variety and amount never encountered in civilian practice. Take for example the recently described underwater blast injury of the abdominal viscera.

CHEMOTHERAPY

The recent advances in all branches of surgery have tended to lean toward chemotherapy more than the development of newer operative technics. Most surgical procedures seem to be well standardized today, but it is always dangerous to predict that the end has been reached, even in surgical technics. Moynihan was one of the ablest surgeons of his time, and a few years before his death he stated that "the craft of surgery has in truth nearly reached its limit in respect both of range and safety." Only a short time later, however, transurethral resection of the prostate gland came into popular vogue and has become a stable acquisition to our equipment. It must be admitted that future discoveries in chemotherapy and kindred sciences may largely displace the scalpel. As Dabney put it, "if cancer is ever shown to be a systemic disease, the tremendous literature on the teaching of the radical removal of malignant lesions may become as obsolete as that of pouring boiling oil into wounds."

The development of the use of the sulfonamide drugs and penicillin seemed providential as a means of combating infection in World War II, and the experiences gained established the value of these agents in a length of time markedly less than could have been gained in civilian practice. Important results were anticipated in the use of both drugs, but while penicillin lived up to expectations in military surgery, the sulfonamides did not and proved to be more disappointing as the war went on.

Discussion of the value of the sulfonamides in the treatment and prophylaxis of wound infection continues today. Many authorities condemn the use of the drug locally, but advocate employing it parenterally or by mouth. Mueller[1] gave interesting figures in regard to the treatment of acute appendicitis. He advised the use of sulfonamide only locally and reserved sulfathiazole and sulfadiazine for internal medication.

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During the last five years I have used sulfanilamide locally in 320 out of a total of 739 cases of acute appendicitis and its complications, with a mortality of 0.4 per cent. In a similar group of cases in the five year period before the employment of sulfanilamide, 742 patients were operated upon, with a mortality of 2.83 per cent and with considerably more complications. No serious toxic effects followed the use of sulfanilamide locally in the peritoneal cavity. Sulfonamides locally are supposed to increase capillary hemorrhage from bleeding surfaces. I found the opposite to be true and spread the drug freely over such areas.

ANTISEPTICS

Ever since the announcement of antiseptic surgery by Lister in 1867 the history of surgery has been replete with the exploitation of one chemical antiseptic after another. It is interesting also that while these different agents may have been abandoned almost totally, each one is retained in certain localities for limited or occasional use. Carbolic acid, the drug first advocated by Lister, was succeeded by bichloride of mercury and later cyanide of mercury. Then came iodine and the "red" mercurials. Through all these periods, and continuing today, two antiseptics have never been laid aside—alcohol and ether. The great antiseptic chemical of World War I, employed by the American Army, was dilute solution of sodium hypochlorite, commonly called Dakin's solution, which was applied through the Carrel technic. We thought there would never be a drug equal to Dakin's. It was wonderful in war wounds in France, but never seemed to be quite so good in America after the war.

By the time of World War II the sulfur drugs had gained tremendous reputation, to be succeeded in popularity in a short time by penicillin, while today streptomycin is hailed as the real thing, endowed with magic power. In spite of this succession, the English declare that penicillin is at last the first perfect antiseptic. If the world were plunged into another global war, probably all these remarkable panaceas would give way to some new chemical agent not yet dreamed of. The matter may be summed up by stating that while all these drugs have served useful and wonderful purposes, as their followers will do also, none of them can replace the application of recognized surgical principles in treatment and prophylaxis.

VITAMINS

Food products and other chemical compounds have contributed to progress in abdominal surgery in recent years. Among these should be mentioned the vitamins. In the preoperative and postoperative care of patients the importance of vitamins has been proved. In the first place it is believed that lack of certain vitamins plays a part in the etiology of some of the commonest diseases of the abdomen requiring surgery, while such lack also interferes with normal postoperative recovery. This may be shown by comparing the incidence of appendicitis, disease of the gallbladder and ulcer among white people and Negroes. In the latter race these diseases are only about one-third as common as among white people. The reason for this difference is due in considerable degree to the nature of some of the foods largely eaten by Negroes, cabbage and "pot-likker," for example, which contain far more vitamin C than many of the foods consumed by the white race.

A diet deficient in vitamins also plays a role in the slow healing of wounds, although diminished proteins are also blamed for infection and slow healing, and may be regarded as one of the factors in the disruption of abdominal incisons. We are fortunate now in being able to secure amino acids in a form which may be administered parenterally, while nothing has contributed more to progress in all branches of surgery in the last decade than blood plasma and especially blood transfusion.

ULCER OF THE STOMACH AND DUODENUM

While the surgical management of ulcer of the stomach and duodenum seems satisfactory today, further study and experience may lead to improved therapy at any time. In the early days of the development of the treatment of these lesions by Moynihan and others, the therapy for duodenal ulcer was believed to be entirely surgical, and the medical management was given but little consideration. Today physicians and surgeons alike agree that the treatment is entirely medical except in the presence of complications such as hemorrhage, perforation or obstruction. A different idea is held regarding the treatment of gastric ulcer. While any of these complications may follow as in duodenal ulcer, radical excision of the gastric lesion is indicated as soon as the diagnosis is confirmed, for the relief of

symptoms and because of fear of malignant disease.

Posterior gastrojejunostomy was looked upon as the ideal procedure for duodenal ulcer in Moynihan's time and today is still indicated in a limited number of cases, but the operative treatment of gastric ulcer has widened in scope until now, in order to be sure of getting rid of all the possibly ulcer-bearing area, one half to two thirds of the stomach is removed. Roentgen studies afford the most accurate means of diagnosing ulcer or cancer, although the gastroscope in expert hands may aid in differential diagnosis.

Wangensteen concluded that ulcer is the end effect of the digestive action of acid peptic gastric juice on the wall of the stomach or duodenum, and that it may occur in any stomach with an abundant amount of free hydrochloric acid. Erosion, a frequent occurrence in stomachs of normal persons, undoubtedly is a common forerunner of ulcer. Probably only a narrow margin of difference exists between a person who has ulcer and one who has not. Frequent feedings are the essense of satisfactory conservative management of ulcer. The long night hours of fast are an important defect in medical treatment.

Surgical treatment has to do primarily with medical failures and the complications of ulcer. Wangensteen removes three fourths of the stomach and restores gastrointestinal continuity by use of a short afferent loop, believing that an effective reduction of gastric secretion must be accomplished, which necessitates sacrifice of an extensive segment of gastric tissue, including the antrum and lesser curvature.

GASTRIC CARCINOMA

The story of cancer of the stomach is the same as that of cancer of other internal organs, the deplorable mortality rate being too often due to late diagnosis. With the assistance of the roentgen ray, however, gastric carcinoma should lend itself to earlier recognition than carcinoma of some other organ like the pancreas, in which the disease may not be so early recognized by roentgen examination. The difficulty of early diagnosis of gastric cancer by roentgen studies lies in the fact that so many patients with suggestive symptoms of the disease will not submit to roentgen examination until the lesion is so far advanced that the outcome of surgical treatment has little to promise. Of 13 patients with carcinoma of the lower part of the esophagus and cardiac end of the stomach, operated upon through a transthoracic approach by Churchill and Sweet,[2] 10 survived the operation, 2 died of recurrent disease, and all the remainder were well and symptom-free from three months to two and one-half years after the operation. If the so-called periodic examination of apparently healthful persons should be made to include roentgen study of the stomach and colon, far more patients with cancer would be submitted to operation in time to obtain relief.

PANCREATECTOMY

Operation for gastric cancer has become so radical that complete gastrectomy is not apprehended as gravely as formerly, with the result that more surgeons are becoming better qualified to undertake such an extensive procedure with success. An even more formidable operation which is described in medical literature with increasing frequency is total pancreatectomy. Operation is done late, however, and often excision of the stomach, duodenum and spleen accompanies the removal of the pancreas, a procedure for which there does not seem to be justification. Necessarily the mortality is high, but as Brunschwig[3] remarked,

> There is perhaps some parallelism between the present situation surrounding the surgery of cancer of the pancreas and the situation of gastrectomy for carcinoma of the stomach during the quarter century following Billroth's first successful pylorectomy. Relatively few patients were subjected to partial gastrectomy during their period and the large majority of patients who underwent exploratory celiotomy were considered inoperable. Indeed, the future of gastrectomy for cancer at that time could well have been looked upon as hopeless. It is our fervent wish that with the feasibility of radical pancreatectomy now well established, persistent efforts will result in a brighter future for this type of surgery.

Evarts Graham,[4] speaking of the removal of the head of the pancreas, observed that it is by no means easy to tell from the microscopic appearance of an islet cell tumor whether or not it is malignant. He said that in some of his cases competent pathologists have made a diagnosis of cancer, but the patients are still alive and well, more than five years after merely local removal.

LIVER AND BILIARY TRACT

White[5] warned against the tendency of making diagnosis of portal obstruction in the alcoholic patient when the obstruction is actually due to cancer. Benedict[6] demonstrated the value of peritoneoscopy and biopsy of the liver for diagnosis in equivocal cases. In most instances

the pathologist can make a definite diagnosis of obstructive jaundice or hepatitis from the specimen taken for biospy. This method should be employed oftener and earlier since the opportunity for radical cure by the Whipple operation in carcinoma of the ampulla of Vater may be lost if delayed too long.

Truesdell[7] routinely palpated the gallbladder in 500 women undergoing abdominal pelvic surgery and found 50 cases of gallstones. After removing a large fibroid tumor or double pus tubes one hesitates to prolong the procedure by examining the patient for other lesions, but often such examination proves to be an important routine measure. Robertson and Dochat[8] challenged the usually accepted viewpoint that women who have borne children are more apt to have gallstones than nulliparous women. They estimated that 79.25 per cent of all women have borne children, which figure is practically identical with the percentage of parous women with gallstones reported by thirty-four authors, 79.6 per cent, or 11,154 cases among 14,016 women. They admitted that gallstones are two or three times as common in women as in men, but refuted the belief that pregnancy plays any role in their development.

Dobbie[9] mentioned the following factors as contributing to failure in gallbladder surgery: (1) inaccurate diagnosis and failure to recognize or heed early signs of the disease and its early complications; (2) delayed surgical treatment due mostly to (a) lack of appreciation of the advantages of early surgery, (b) failure to appreciate the relative safety of early surgery and (c) indifference or lack of cooperation on the part of the patient; (3) inadequate surgical treatment the result of (a) poor surgical judgment, (b) inadequate surgical treatment which is avoidable and (c) inadequate surgical treatment which is unavoidable. Injuries to the common and hepatic ducts occur with greater frequency than is usually admitted, and many are unrecognized as the cause of death. Survivors are often doomed to repeated operations and a shortened life of invalidism.

Ever since Nicolai V. Eck,[10] a Russian physiologist, in 1877 successfully performed experimental anastomosis of the portal vein to the vena cava, known as Eck's fistula, surgeons have been interested in its clinical application for the relief of portal hypertension. Blackmore and Lord[11] developed a nonsuture method of establishing portacaval stunts by anastomosing the splenic vein to the renal vein or the portal vein to the vena cava, employing vitallium tubes for the purpose.

Allen[12] treated 8 patients by implantation of the hepatic duct into the distal transected end of the jejunum, 30 cm. from the ligament of Treitz. The cut end was inverted, and the anastomosis was accomplished over a long removable rubber tube. Intestinal continuity was reestablished by implanting the proximal jejunum end to side into the distal limb of the jejunum at a point approximately 18 cm. from the portal fissure. These patients had no leakage at the site of anastomosis. This operation suggests another method used for the same purpose, namely, the permanent implantation of vitallium tubes. Stricture of the common duct may result from congenital atresia, ulceration from stones or infection from septic cholangitis, but most often it follows clamping, ligation or excision of the duct during an operation for cholecystectomy. The presence of structural anomalies, the occurrence of unexpected hemorrhage deep in the wound, or the distortion of normal anatomic landmarks by infection are circumstances that may confuse even the most expert surgeon, and they are likely to bewilder the operator who has not been schooled in common duct surgery. Pearse[13] used vitallium tubes to replace obstructed or missing segments of biliary ducts.

COLON

Diverticulitis of the colon is a condition to be handled in a manner similar to ulcer of the duodenum; there should be no surgical intervention except in the presence of complications such as hemorrhage, obstruction or perforation. Next to the stomach the colon is more frequently attacked by carcinoma than any other portion of the alimentary system. With a history of changed bowel habits, weakness, anorexia and anemia, with or without blood in the stools, cancer should be suspected and the colon studied roentgenologically following injection of barium. If the patient's general condition is good and the growth lends itself to thorough removal, followed by anastomosis of the colon, excision is decidedly the operation of choice, even though the liver is found to be involved. Due to neglect by the patient and his physician, however, too many cases are not recognized until obstruction supervenes, and colostomy becomes necessary, with or without the Mikulicz technic.

EARLY RISING

Numerous articles are appearing in the literature concerning early rising after laparotomy. This is a question which is submitted perenially for the consideration of the profession, and certainly it is not a new problem. "Every decade or two we begin to let patients out of bed from one to five days after abdominal operation, and continue to do so until some patient has disruption or hernia, and then we discard the procedure for another decade or two, when some able writer persuades us to try it all over again." These are the words of an experienced surgeon, and they probably state the case correctly. I do not keep patients in bed as long as I used to, but few patients are kept in bed too long. On the contrary many patients have arisen too early. The patient's position in bed should be changed frequently, and he should be encouraged to exercise the lower limbs from the beginning.

Enough has been said to illustrate some of the progress of abdominal surgery during the last few years. The outcome of the war has given our country a commanding position in many human activities, but in none do we stand higher today than in the great profession of medicine. Such a situation is a challenge to all of us to redouble our efforts to continue the achievements so auspiciously begun. As we realize there can be no finality to progress in abdominal surgery and all the other branches of our art and science, may we not only profit by every advance, but determine by sweat and blood and tears to add our individual contributions.

REFERENCES

1. Mueller, R. S.: Sulfanilamide in Acute Appendicitis, Trans. Am. S. A., Philadelphia, J. B. Lippincott, 1945, pp. 625-630.
2. Churchill, E. D., and Sweet, R. H.: Transthoracic Resection of Tumors of Stomach and Esophagus, Ann. Surg. **115**: 897-920 (June) 1942.
3. Brunschwig, A.: Surgical Treatment of Carcinoma of Body of Pancreas, Ann. Surg. **120**:406-416 (Sept.) 1944.
4. Graham, E.: Personal communication.
5. White, F. W.: Study of Errors in Diagnosis of Jaundice. New England J. Med. **229**:997-1002. (Dec. 30) 1943.
6. Benedict, E. B.: Peritoneoscopy in Liver Disease. New England J. Med. **230**:125-130 (Feb. 3) 1944.
7. Truesdell, E. D.: Frequency and Future of Gallstones Believed to be Quiescent or Symptomless, Ann. Surg. **119**: 232-245 (Feb.) 1944.
8. Robertson, H. E.: and Dochat, G. R.: Pregnancy and Gallstones: Collective Review, Internat. Abstr. Surg. **78**:193-204, 1944: in Surg., Gynec. & Obst., (March) 1944.
9. Dobbie, R. P.: Factors Contributing to Failure in Biliary-tract Surgery, New York State J. Med. **45**: 882-886 (April 15) 1945.
10. Eck, N. V.: The Ligature of the Portal Vein, Voyens Medical Journal, 1877.
11. Blackmore, A. H., and Lord, J. W., Jr.: The Technic of Using Vitallium Tubes in Establishing Portacaval Shunts for Portal Hypertension, Trans. Am. S. A., Philadelphia, J. B. Lippincott, 1945, pp. 476-489.
12. Allen, A. W.: Method of Re-establishing Continuity Between Bile Ducts and Gastro-intestinal Tract, Ann. Surg. **121**: 412-424 (April) 1945.
13. Pearse, H. E.: Vitallium Tubes in Biliary Surgery, Ann. Surg. **115**:1031-1042 (June) 1942.

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PENTOTHAL SODIUM ANESTHESIA IN TONSILLECTOMIES

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The use of pentothal sodium in general surgery has now become commonplace. Both its use and abuse, its advantages and disadvantages in this field are well known. It was originally recommended for short surgical procedures. Later, it was used for longer operations, and experience has shown it to be suitable and preferable for tonsillectomies and adenoidectomies in selected adult patients. While minute to minute control is not possible, pentothal sodium is so rapidly broken down in the body that it can be considered entirely safe when administered with oxygen or oxygen-carbon dioxide mixture through a clear airway.

Since 1943, I have administered 400 pentothal sodium anesthetics for adenotonsillectomies. The patients have been white adults of both sexes between the ages of 16 and 55, the ratio of women to men being 2 to 1. Because in the extreme of age there is not a sufficient margin of safety to the relatively large doses of pentothal sodium necessary in a short period of time to obtain proper relaxation, I have limited its use to healthy adults in the middle years of the life span. In this group, it is safe to work under the premise that any patient in suitable condition to undergo tonsillectomy is a satisfactory risk for pentothal sodium anesthesia for that operation.

METHOD OF ADMINISTRATION

Usually, on the morning of the operation the patient enters the hospital with a fasting stomach. Thirty minutes to one hour before coming to the operating room, he is given 1/150 grain of atropine sulfate and 1/6 grain of morphine sulfate hypodermically. In my earlier cases the patient received in addition from 1½ to 3 grains of nembutal thirty minutes before the hypodermic. This routine was discarded because it prolonged the return of consciousness postoperatively. Atropine is of special importance to limit parasympathetic activity and reduce salivary and mucous secretions, diminishing the occurrence of the reactions of coughing, sneezing and laryngospasm.

The anesthetic is administered by means of the Thomas apparatus, since this permits the

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preparation in advance of 2 Gm. of pentothal sodium in 80 cc. of distilled water and does not necessitate the interruption of the operation or of the anesthesia to prepare more of the solution. Even if more solution should be needed, the circulating nurse can open the ampules, and the mixture can be added without disturbing the apparatus. The Thomas apparatus consists of a clamp which fits on either a table or arm board and holds a small jar containing the anesthetic solution and a 10 cc. syringe. A two way stopcock fitted on the syringe permits withdrawal of the solution from the jar into the syringe by way of a weighted tubing. By turning the cock, the solution may be forced from the syringe into another tubing bearing a glass adapter on which is a 20 or 21 gauge needle. A locked position of the cock prevents flow of the solution in any direction and regurgitation of blood into the needle and tubing.

Three cubic centimeters of metrazol is prepared in a syringe, and oxygen or oxygen-carbon dioxide mixture and a suction apparatus are also at hand. The patient's arm is extended on an arm board or table, and venipuncture is made in the antecubical space in the majority of cases, or on the back of the hand when necessary. I have had no patient on whom venipuncture could not be made. The patient is either engaged in conversation or is asked to count while pentothal sodium is slowly injected.

A 2½ per cent solution of pentothal sodium has been found preferable to the 5 per cent solution.[1] It is easier to control, requires less of the total anesthetic to be given and is less harmful to the veins. The stronger solution was used in my earlier cases until in 1 patient thrombosis developed. This is said to be caused by the high alkalinity of the more concentrated solution.

From 8 to 10 cc. of the anesthetic is administered at the beginning, and several minutes are allowed to elapse. Relaxation comes on more slowly than unconsciousness. Then while the surgeon is getting prepared, another 5 to 10 cc. is given slowly to increase the depth of anesthesia. In nearly all cases at least 20 cc. or 5 Gm. of the solution was required before the jaw relaxed to permit entry of the gag, and in most cases more than this amount was required to diminish the pharyngeal and laryngeal reflexes to prevent coughing and gagging.

Small amounts of the solution are injected intermittently during the operation as indicated by the patient's response to stimulation of the throat by the operating procedure, shown by coughing, gagging or swallowing if the anesthesia is too light. These supplementary doses vary from 1 to 5 cc.

Oxygen or oxygen-carbon dioxide in a ratio of 95 to 5 is administered throughout the operation by way of the gag and tongue blade or by way of the ether hook. The mixture provides better stimulation to respiration than the oxygen alone. This is given direct from a size E tank through a bubbling bottle to estimate the rate of flow.

Obviously, all bleeding should be controlled before the patient leaves the table. It may be well to note here that pentothal sodium is known to produce some slight vasodilatation, and this combined with the usual head low position may result in somewhat more bleeding or capillary oozing than takes place with anesthesia produced by other drugs. This tendency is relieved with the cessation of the anesthetic and flattening of the patient's position. Three cubic centimeters of metrazol or the unused remainder of the previously prepared amount is injected through the needle at the conclusion of the operation, and the needle is withdrawn. This drug is given to hasten recovery of consciousness and compensate for the tendency of the pentothal to cause peripheral vasodilatation. Metrazol also acts as a stimulant to replace the stimulation caused by instrumentation in the throat which has now been stopped.

The patient is returned to his bed at the conclusion of the operation with an air tube in place, and he is placed on his side to permit drainage of mucus and blood from the mouth and to permit the tongue to fall away from the throat, increasing the size of the airway.

DOSAGE OF PENTOTHAL SODIUM

The dose cannot be determined by weight, age, sex, physique, or metabolic state, but must be adjusted to the individual patient. The average dose of pentothal sodium for tonsillectomy varies between 1 and 1.5 Gm. In my series, a few patients required less than 1 Gm. and 3 patients required more than 2 Gm. One must avoid the temptation to administer a large supplementary dose of pentothal sodium during the course of the operation when the patient shows a violent

reaction to stimulation by coughing or laryngospasm, especially at the time when the lower pole of the tonsil is stimulated. If such spasm occurs early in the administration of the anesthetic, before the operation has begun, merely waiting a minute and relaxing the gag will overcome this. Laryngeal spasm or respiratory depression later in the operation may require 1 to 2 cc. of metrazol from the previously prepared solution, given through the needle already in the vein after temporarily disconnecting it from the adapter.

The margin of safety between the anesthetic dose and the minimum lethal dose is about the same as for ether, and the many advantages of pentothal sodium anesthesia make this the drug of choice when used in competent hands. To date, I have had no fatality, nor even any case that caused any concern from the standpoint of the anesthetic.

The short-necked, squat and obese patients, who take any general anesthetic poorly and permit poor exposure of the throat, also are the ones who give the most difficulty to the anesthetist using pentothal sodium for tonsillectomy. Likewise, those patients who require large amounts of pentothal sodium to obtain relaxation are the type who ordinarily require large amounts of gas or ether, but they are definitely easier to anesthetize with pentothal sodium than with ether.

POSTOPERATIVE COURSE

The time of recovery of consciousness following pentothal sodium anesthesia for tonsillectomy is not entirely dependent on the amount of the anesthetic given, and in a number of cases acts paradoxically. That is, a large, robust man who has required as much as 2 Gm. of the drug may return to consciousness in much less time than a smaller person who has taken relatively less. After the initial return to consciousness, however, those who received the larger amounts of pentothal sodium will sleep for longer periods and for a greater portion of the succeeding hours.

Only 1 patient in the series vomited during the period of recovery of consciousness, and it was later learned that he was sensitive to morphine. Patients usually come out from under the anesthetic as if they were awakening from heavy dosage of any barbiturate drug. The feeling is not unpleasant even if it should later be remembered. Since the patient remains somewhat groggy for the next several hours, a minimum amount of narcotic is required to keep him comfortable. He is able to take fluids and retain them shortly after the return to consciousness. This fact plus the fact that there is little loss of fluids by sweating and none by vomiting, prevents postoperative dehydration and acidosis.

No cases of idiosyncrasy to the drug occurred in this series. Urticaria after induction and erythema later have, however, been reported.

PHYSIOLOGIC EFFECTS

Pentothal sodium is known to produce no permanent changes in the activity of the blood or in its composition, nor any changes in the organs of the body. There is said to be a slight rise in blood sugar temporarily, with return to normal after cessation of the drug. There is no hemolysis or derangement of the clotting mechanism. The red and white blood cell count and the hemoglobin content are unchanged.

A moderate drop in blood pressure[2] occurs at the onset of anesthesia, depending upon the amount and rate of administration of the anethetic, but this is of short duration and does not interfere with either the anesthesia or the operation. It is not due to a toxic effect on the myocardium but rather to reduced sympathetic activity. In the presence of hypertension, the decrease in blood pressure may be from 30 to 70 mm.[3]

The respiratory center is affected before the cardiovascular system,[4] and, thus, artificial respiration can be applied if necessary. The pulse rate tends to increase, but the rhythm of the heart is unaffected,[5] and preexisting irregularities are unchanged. Electrocardiograms have failed to show any notable changes in the conductive system or myocardial damage.

The cerebrospinal fluid is reported to drop to one-half its normal level and does not return to the normal level until consciousness returns.[6]

Thiobarbiturates taken orally over a long period of time may cause fatty infiltration of the liver. It is doubtful if such an effect takes place when such drugs are given as an anesthetic intravenously. It has been shown that the normal metabolism of the liver is not impaired by giving barbiturates. Nor is the normal kidney impaired or any present funtional deficiency aggravated by pentothal sodium.

ADVANTAGES AND DISADVANTAGES

The advantages of pentothal sodium as an anesthetic for tonsillectomies may be summarized as follows.

1. Induction is rapid and pleasant. Struggling and jactitation are absent.

2. The margin of safety is as adequate as with ether.

3. Psychic shock and struggling during induction are so slight that patients are not likely to fear anesthetics for subsequent surgery.

4. Complete relaxation of the throat is maintained throughout the operation if the anesthetic is properly administered, and an even level of anesthesia is easily maintained.

5. Postoperative reaction is smooth, and nausea and vomiting are absent. The patient thus requires a minimum of nursing care and narcotics.

6. Fluids may be given shortly after the operation, and sweating while the patient is unconscious is slight, both aiding in the prevention of dehydration.

7. The drug may be used in patients who have or who have had diseases of the lung that contraindicate the use of ether.

The disadvantages of the use of pentothal sodium for tonsillectomies may be listed as follows:

1. Laryngeal spasm may be caused if the throat is stimulated while the patient is under light anesthesia or if the anesthetic is administered too rapidly at any time during anesthesia.

2. Vasodilatation may produce capillary oozing.

3. Thrombosis may be caused if too concentrated a solution is given.

CONCLUSIONS

Pentothal sodium is a safe, effective and pleasant anesthetic for tonsillectomies, giving exceptionally good results, both from the standpoint of the patient and the surgeon, when used in healthy adults by a trained anesthetist. Four hundred satisfactory tonsillectomies on 400 satisfied patients are cited in favor of the foregoing statement.

REFERENCES

1. Fox, S. L., and Rochberg, S.: Anesthesia for Tonsillectomy Induced by Intravenous Administration of Penthol Sodium, Arch. Otolaryng. **41**:439-440 (June) 1945.

2. Thomas, G. J.: Pentothal Sodium in Ear, Nose and Throat Surgery, Ann. of Otol., Rhin. & Laryng. **52**:35-44 (March) 1943.

3. Lewis, A. E.: Intravenous Pentothal Sodium Anesthesia, Northwest Med. **37**:206-210 (July) 1938.

4. Gruber, C. M.: On certain Pharmacologic Actions of Newer Barbituric Acid Compounds, Am. J. Obst. & Gynec. **33**:729-744 (May) 1937.

5. Volpitto, P. P., and Marangoni, B. A.: Electrocardiographic Studies During Anesthesia with Intravenous Barbiturates, J. Lab. & Clin. Med. **23**:575-581 (March) 1938.

6. Horsley, J. S., (Poole): Intracranial Pressure During Barbital Narcosis, Lancet **1**:141-143 (Jan. 16) 1937.

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ABSTRACTS OF MEDICAL ARTICLES

INTRAVENOUS ANESTHESIA IN CHILDREN, HOLLY, JULIUS D., MIAMI BEACH, SOUTH. M. J. **37**: 631-637 (Nov.) 1944.

Refuting the belief of many anesthetists and investigators that pentothal (sodium ethyl thiobarbiturate) is not a suitable general anesthetic agent for children, Dr. Holly advocates its use and cites 12 cases as illustrative of his personal experience with pentothal anesthesia in children. His clinical observations led him to conclude that, contrary to the opinion of numerous authors, children tolerate pentothal sodium as well as adults; and he meets the objection of the small veins encountered in some children with the suggestion that a small bore (23-24) gauge sharp-pointed beveled needle properly used makes venipuncture easy.

In reviewing the history of intravenous anesthesia, this author notes that the introduction of pentothal sodium in 1934 marked the beginning of a new era in the progress of this form of anesthesia. He considers this drug an ideal anesthetic in minor or major surgery in short or long operations and attributes its widespread use as a general anesthetic to its rapid action, controllability and rapid elimination.

The numerous advantages of this useful and safe anesthetic agent for children are presented. The intermittent method of administration renders it a controllable procedure. The equipment, which is described and illustrated, is simple and easily carried in a small case. The hazards of inflammability and explosion are eliminated. The fear of static spark is removed; pentothal can be administered in the presence of an electric cautery or other electrical appliances. This drug is suitable for operative procedures of varying length and for use in ambulatory patients.

Postoperatively, the unpleasant sequelae of inhalation anesthesia are absent. The patient awakens as from a deep natural sleep without nausea or vomiting; there is no effect on the pulse or blood pressure; respiration is slightly depressed; the absence of perspiration is notable; no loss of body fluids results from this anesthesia; and relaxation is comparable to that produced by ether.

The use of the three way valve of the syringe permits the administration of parenteral fluids alternately with the solution of pentothal. The action of the drug is rapid, as is its elimination. One gram suffices for an operation lasting one hour or more, and repeated administration produces no ill effects. Since it causes no nausea or vomiting, it is particularly suitable for use in emergency cases following a full meal. Also, in operations in the region of the face and throat there is the advantage of having the anesthetist out of the way of the operating field.

Preparation of the solution, premedication and the technic of administration are well described. The use of pentothal in children for any type of operation except bronchoscopy is advocated; however, contraindications mentioned are inflammations that encroach on the trachea, neck and posterior pharyngeal wall, and operations involving the skin only. In the 12 cases reported the youngest patient was a 10 day old infant with a ruptured appendix and generalized peritonitis; the oldest was an 18 year old girl with acute coryza and cough, who had an appendectomy.

Dr. Holly warns that with pentothal sodium as with other drugs care must be exercised so that the toxic limits will not be reached. Since tolerance in children varies, he suggests that it is wise to start with a dosage well below that desired. He regards the administration of this anesthetic agent as a safe procedure in the hands of an experienced medical anesthetist, who recognizes the signs and symptoms of sufficient dosage and knows how to treat complications should they arise.

Editor's Note—While this article emphasizes many excellent points regarding the use of intravenous anesthesia, it is believed that many surgeons and anesthetists would disagree with the statement "relaxation is comparable to that produced by ether" and that they would also disagree with the statement "pentothal anesthesia is particularly suitable in emergency cases following a full meal."

LARGE URETERAL CALCULUS; REPORT OF A CASE, LOEB, MARTIN J., NEW YORK, UROL. & CUTAN. REV. **47**: 518-520, 1943.

After mentioning several instances of giant ureteral calculi reported in the literature, Dr. Loeb observes that such cases were doubtless of common occurrence in any group of the population irrespective of economic status before the day of scientific medicine. With the advent of the x-ray and the development of diagnostic aids they have come to occur largely in persons of the lower economic strata, especially those living in rural districts where free clinics are not readily available. In large cities where free clinics are available for the indigent, cases do, however, occur among those who are not only poor, but also ignorant and neglectful.

The case reported was observed in a patient of this class, who complained of intermittent pain in the left lumbar region, colicky in character, which radiated to the groin. On cystoscopic examination, an obstruction, encountered 2 cm. above the ureteral orifice, was overcome by manipulation and approximately 20 cm. of the catheter was inserted. About 120 cc. of opaque material was injected without pain or discomfort to the patient.

Roentgen examination revealed a stone located about 2 cm. above the ureteral orifice, extending upward for a distance of about 3½ cm. and measuring 1.7 cm. in width. The catheter, curved and bent upon itself, returned toward the bladder, owing to the abnormal width of the ureter and an obstruction possibly caused by hypertrophied and redundant mucosa. The injected material filled the ureter and the pelvis, showing a large hydroureter and hydronephrosis; none returned to the bladder because the calculus caught the ureter at its junction with the bladder. The width of the ureter varied from 1.8 to 3.2 cm.

The patient was referred to the hospital, but unfortunately failed to report there or to return to the office.

The case is described and photographs of the roentgenograms presented because roentgen studies of this type should be available for a permanent record and for future reference because they will become increasingly rare. Improved economic conditions and early recognition by the

general practitioner of urinary disturbances will eventually preclude the possibility of the occurrence of pathologic conditions of this nature.

ERYTHROBLASTOSIS FETALIS, BRANDES, EMANUEL B., AND CUSHMAN, HARRY R., ST. PETERSBURG, J. PEDIAT. **25**: 239-243 (SEPT.) 1944.

In this article erythroblastosis fetalis is discussed, and a case is presented. The term erythroblastosis fetalis is described as representing a composite of three conditions formerly designated as hydrops fetalis, icterus gravis neonatorum and congenital anemia of the newborn infant.

The authors relate that in this disease, which may be observed at birth or from two to five days thereafter, generalized edema, jaundice and anemia, one or all, may be the presenting signs, and both the amniotic fluid and the vernix caseosa may be yellow at the time of delivery. The infant, usually jaundiced and pale, may or may not have an enlarged spleen. Examination of the blood shows a great decrease in the total red cell count and the hemoglobin with erythroblasts predominating in the smear.

Also, the Rh factor is present. This newly identified substance in human red blood cells was demonstrated in 1940 and is present in about 86 per cent of human blood. The agglutinin, called the anti-Rh agglutinin, was first reported in 1941 to be the destructive antibody responsible for the manifestations of erythroblastosis fetalis. This syndrome, according to the present theory, arises in some Rh-negative mothers carrying an Rh-positive baby, a break in the placental barrier allowing fetal Rh-positive blood to enter the maternal circulation and thereby cause the production of an anti-Rh agglutinin, which, when transmitted back through the placenta into the fetal circulation, stimulates the blood-destructive process. Why erythroblastosis occurs in some Rh-negative mothers and not in others is unknown; nor is there a known means of preventing its development. Also, the modus operandi of the breakdown in the function of the placental barrier remains problematical.

Treatment consists in the giving of Rh-negative blood, administered to infants as a rule on the basis of 10 cc. per pound of body weight. Since the maternal blood contains the antiagglutinin, it cannot be used. There is a difference of opinion as to the advisability of using the paternal blood. The case presented substantiates the theory of investigators opposed to its use. It is suggested that Rh-negative blood be available for immediate transfusion when the history suggests the possibility of delivering an erythroblastotic baby. A study of family histories in erythroblastosis revealed that the first pregnancy usually results in the birth of a normal infant with subsequent pregnancies terminating in miscarriage or in the delivery of erythroblastotic babies.

It is also suggested that when Rh-negative blood is not obtainable, one could conceivably centrifuge maternal Rh-negative blood and administer the red cells in normal saline or other compatible serum. Since the Rh factor is present only in the cells and the presence of the isoagglutinin is limited to the serum, this measure is considered safe after the plasma has been removed and the cells washed twice with sterile saline and resuspended in sufficient saline to make up for lost volume.

Immediate recognition of the disease and appropriate therapy promptly administered are essential to survival. Prompt treatment has reduced the mortality from 71 per cent to 14 per cent. During the critical anemic period the maintenance of external heat and the supplying of oxygen are of particular importance.

The case reported was characterized by anemia and jaundice. Neither yellow amniotic fluid nor yellow vernix caseosa was noted at birth, and the syndrome did not develop until the fifth day thereafter. Consequently, the authors concluded that the development of the isoagglutinin within the mother and its transmittal to the infant probably occurred late in pregnancy. They stated that the paternal Rh-positive blood is of no therapeutic value, since the donor's cells are destroyed by the anti-agglutinin present in the infant's circulation. In this case, however, they regarded it as conceivable that the father's blood originally administered may have aided in maintaining life until the Rh-negative blood could be obtained. Severe anemia of the newborn infant, with the initial examination of the blood showing 1,230,000 red cells and a hemoglobin estimation of 21 per cent, in association with the combination of an Rh-positive father, an Rh-negative mother and an Rh-positive baby established the diagnosis. Neither the liver nor the spleen was palpable. Treatment was successfully carried out with repeated transfusions of Rh-negative blood and the administration of oxygen.

From Our President

PUBLIC RELATIONS

After the Board of Governors was authorized at the recent meeting of the Association to proceed at its discretion with a plan of public relations, it was deemed advisable to send a questionnaire to the American Medical Association, the National Physicians Committee and all state medical societies known to have or to have had a public relations program. Accordingly, the questionnaire has been sent out, and the information gleaned from the replies will be carefully studied. A definite plan will then be worked out.

Whether the public relations program should be operated directly by the Association or by a separate organization set up for the purpose and controlled by a committee of the Association is the question to be determined at the outset. It seems that many legal complications may arise if this program becomes part and parcel of a state association. There is even danger that these various legal entanglements may involve and actually change the tax status of the organization. This phase of the matter is now being investigated by the Association's legal representative.

Certainly no program of this nature should be undertaken hastily. It is expedient that a thorough investigation be made in order to profit by the experience of other state associations in determining the best way of handling the problem. The matter of public relations is unquestionably of such peculiar importance today in this hour of crisis both for the public and the profession that mature deliberation and extreme care in formulating a program are imperative.

When the answers to the questionnaire have been received, the information they yield will be compiled and submitted to the Board of Governors for consideration. This body will then determine the best plan to follow in launching a constructive public relations program for the Association.

Thales Richardson

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A. M. A. CONVENTION

We are now attending the convention of the American Medical Association in San Francisco. At this writing it is impossible to say just what will be accomplished at this session, but it can safely be concluded that unless we get our best minds together, weed out a lot of dead wood and really get down to the business at hand, we are in for great changes in our way of life.

It is high time that we realize that we are in the midst of a revolution. It is up to us to keep our feet firmly upon the ground, to keep our eyes straight ahead and to lead our people out of the wilderness.

There is no doubt but that the medical profession is capable of formulating and putting into action a satisfactory medical service plan. Up to the present time, however, there have been so much confusion and so many differences of opinion that it has been impossible to get a plan working. If we had put into effect a plan ten years ago, we would not have to worry now. We have trusted to luck long enough. The time for action is here. We may be too late even now, but we cannot give up. We are hopeful that before this convention is over we will have a plan which will be acceptable to the physicians of this country and to the people we serve.—H. L. P.

COMMITTEE ON MILITARY SERVICE

At the request of Dr. George F. Lull, Secretary of the American Medical Association, a Florida Committee on Military Service was recently appointed. This committee will study the many communications that have been received and the suggestions made by physicians in the armed forces. The committee will also formulate policies for recommendations to be forwarded through the Surgeons General to the Secretary of War and Secretary of the Navy expressing the views of the medical profession in planning for proper utilization of the service of physicians in any national emergency.

This committee includes four civilian physicians who served in the war and four others. The following members were appointed on this committee by President Richardson: Ferdinand Richards, Chairman, Alvin L. Mills, Leigh F. Robinson, James L. Strange, F. H. Bowen, D. D. Martin, Carol C. Webb and J. S. Stewart.

The personnel of this committee is a combination of the Association's standing committee on Public Relations and a special committee to confer with the Veterans Administration in formulating a plan for having our physicians care for certain types of veteran patients. The chairman of our public relations committee, Dr. Ferdinand Richards, will also serve as chairman of the Committee on Military Service.

GRADUATE SCHOOL BEGINS TEACHING

The Department of Medicine of the Graduate School of the University of Florida began instruction Wednesday, June 12. The opening of the Graduate School of Medicine is the culmination of three years of work and planning.

The extended graduate medical education in Florida is the result of the Postgraduate Committee's observation of the benefits derived from the Graduate Short Course, which this year held its fourteenth session. The Chairman of the Postgraduate Committee in conference with the President of the University of Florida, Dr. J. J. Tigert, held conferences and formulated a general plan in 1942. The details were submitted to the Postgraduate Committee and finally to the House of Delegates, where unanimous approval was given. The Board of Control at that time appointed a Director of the Department with the Postgraduate Committee of the Florida Medical Association as advisors. During the war years the physicians of Florida were too busy to give their time to teaching and to instituting a project as broad in scope and time-consuming as the plans called for.

The summer teaching will run until October 1. The winter session will begin on that date and will continue for nine months. No tuition will be charged until October 1. Beginning October 1, advance registration will be required, the classes limited and the hours of attendance recorded in the Registrar's office at the University of Florida. Physicians graduated from recognized schools, who have passed the examination of the State Board of Medical Examiners and are known to be ethical practitioners, will be admitted for registration. Also, residents of hospitals may register with the approval of the hospital in which they are serving.

The following instruction was instituted the week of June 10: Wednesday, June 12; Surgery, 1:30-4:30 p.m., ward rounds, surgical and diagnostic clinics; Medicine, 1-2:30 p.m., ward rounds, diagnostic clinic and discussion of patients; Neurology, 2-4 p.m., ward rounds, diagnostic clinic and discussion of patients; Thursday, June 13; Gynecology, 1:30-4:30 p.m., Friday, June 14; Pediatrics, 2:30-4:30 p.m. and Saturday June 15 Genito-Urinary Diseases, 8:30-12:00 p. m., Obstetrics, 9:00-12:00 p. m. The teaching will all be practical demonstrations with discussions.

The Faculty consists of physcians who are members of the Florida Medical Association from various cities of the state. Changes and additions to the Faculty will be made from year to year as the individual instructors demonstrate their interest and ability to teach. It is recognized that even excellent clinicians may not be good teachers. Inasmuch as the appointments are made by the University from year to year these changes can be made without materially altering the type of instruction desired.

T. Z. Cason, Director

"THE HOUR OF HIS JUDGMENT IS COME"

Rev. 14:7

The House of Delegates of the American Medical Association is the governing body of that organization and is made up of delegates of the various state associations, elected by the house of delegates of the respective state organizations. Florida has two delegates.

Many state associations send the same delegates to the national body year after year. There are some who have been delegates for twenty or more years. These delegates who have been members of the national body for so many years are the ones who govern and who decide the policies of the American Medical Association. These men have been appointed to membership on the various committees year after year, and it is known that their decisions on the various questions brought up usually meet the approval of the majority of the delegates. It is agreed that they know more than the new members about the workings of the Association and make every effort not to let anybody "upset the apple cart."

States which change their delegates frequently do not get the best representation simply because a freshman should be seen and not heard. It has been observed that the freshman is not as easily or readily recognized when he occasionally tries to get the floor as the senior who rises frequently, talks much and objects to anything which did not originate in his class. One of the old timers was observed to question our right of secret ballot.

All of which adds up to this astounding fact —less than 50 per cent of the House of Delegates of the American Medical Association govern that body and the American Medical Association. If that body, therefore, has failed to provide the

instrument by which adequate medical care can be rendered the people of our country, the blame must rest upon the shoulders of the Senior Class of the House of Delegates of the American Medical Association.—H. L. P.

FROM MY POINT OF VIEW

In the vehicles by which the general public receives most of its current information, namely, newspapers, magazines and radio, there appears with great regularity certain heart-rending stories about the poor little child suffering from a rare physical condition which only a certain big doctor or specialist can cure. The story of the struggle to obtain the *funds* necessary to restore the child's health would make Hitler weep. Often the expenses are spoken of as "the doctor's bill;" but whether or not these actual words are used, nearly all such stories leave the direct inference in the reader's mind that the "big doctor bill" is all that stands between that child and health.

But, as I have so frequently endeavored to show in this column, "the doctor's bill" is usually only a small percentage of the total cost of medical treatment. The hospital, drugs, board, transportation, nursing service, the necessary apparatus —all these "bills" enter the picture. Though the public may think the doctors control these prices, this is not true.

I think it is fair to ask these questions: Which one of the items enumerated above is most often given to the patient without any cost, the doctor's professional service or the others? How many doctors do you know who would not operate upon such a child, or adult, for that matter, without thinking of a fee? Sure! There are exceptions to this rule, but I know many physicians, and I would have to think for a long time before I could remember a single one so hard-hearted or so commercially-minded as to refuse to give his service and skill.

Have you ever seen a newspaper article read like this?—"Dr Doe, surgeon, performed three operations this morning at the City Hospital. One patient was able to pay him. To the other two he graciously donated his services." Or, "Dr. Jones, well known general practitioner, made his calls this morning. Four of these house visits were in homes where he neither expected nor received any remuneration."

Of course, the reason such acts do not receive publicity is that they are so common place that they do not make "news."

I am not advocating a great hue and cry and a lot of newspaper publicity for these acts, but I do feel that they should be recognized and that the *exception* should not be stressed, even in works of fiction, unless a real effort is made to show that the "doctor's bill" is only a small part of the funds which the "poor man" must raise. Otherwise, a false impression is left in the mind of the reader. That such an interpretation is put upon these stories I have more or less proved by questioning many patients, and by bringing up the subject at different gatherings. The vast majority felt that the doctor was the villain in the story.

Try it out on like groups of people, and find out whether or not I am correct.

Frank C. Metzger.

MEDICAL OFFICERS RETURNED

Dr. William K. Boros, who entered military service on Nov. 4, 1943, received his discharge on May 30, 1946. His address is 1602 N. W. 9th Ave., Miami 36. He held the rank of Captain in the Army.

Dr. Joseph M. Burton, who entered military service on April 4, 1944, received his discharge on May 9, 1946. His address is Homestead. He held the rank of Captain in the Army.

Dr. Bernard L. Robbins, who entered military service on May 27, 1942, received his discharge on April 16, 1946. His address is 1100 Drexel Ave., Miami Beach 39. He held the rank of Captain in the Army.

Dr. Herman Boughton, who entered military service on Aug. 15, 1942, received his discharge on Dec. 23, 1945. His address is 541 Lincoln Road, Miami Beach 39. He held the rank of Lt. Colonel.

Dr. Alfred Gross, who entered military service on Sept. 14, 1942, received his discharge on May 17, 1946. His address is 904 Collins Ave., Miami Beach 39. He held the rank of Captain in the Army.

Dr. Ernest E. Serrano, who entered military service on Feb. 10, 1941, received his discharge on March 26, 1946. His address is Professional Building, Hollywood. He held the rank of Commander.

Dr. W. Duncan Owens, who entered military service on Sept. 2, 1942, received his discharge on April 1, 1946. His address is 4731 Pinetree Drive, Miami Beach 40. He held the rank of Commander.

Dr. W. M. Bevis, who entered military service on June 28, 1944, received his discharge on Jan. 4, 1946. His address is 2349 Central Ave., St. Petersburg 6. He held the rank of Lt. Colonel.

Dr. Ira C. Evans, who entered military service on July 15, 1941, received his discharge on March 20, 1946. His address is Empire Building, St. Petersburg 5. He held the rank of Major.

Dr. Howard P. Knapper, who entered military service on Nov. 26, 1942, received his discharge on May 3, 1946. His address is 828 Florida Power Building, St. Petersburg 5. He held the rank of Major.

Dr. Franklin W. Roush, Jr., who entered military service on July 1, 1942, received his discharge on March 21, 1946. His address is 4689 Lakeview Ave., St. Petersburg 7. He held the rank of Captain in the Army.

Dr. William R. Tench, who entered military service in August 1941, received his discharge on January 28, 1946. His address is 410 Cleveland St., Clearwater. He held the rank of Lt. Commander.

Dr. Lewis Capland, who entered military service on April 20, 1942, received his discharge on Feb. 16, 1946. His address is 541 Lincoln Road, Miami Beach 39. He held the rank of Captain in the Army.

Dr. Robert M. Oliver, who entered military service on Sept. 5, 1945, received his discharge on Jan. 28, 1946. His address is 531 duPont Building, Miami 32. He held the rank of Lt. Commander.

Dr. John F. Lovejoy, who entered military service on May 19, 1941, received his discharge on June 21, 1946. His address is 312 Greenleaf Building, Jacksonville 2. He held the rank of Commander.

Dr. Charles W. Boyd, who entered military service on Sept. 11, 1942, received his discharge on June 20, 1946. His address is 1125 Inwood Terrace, Jacksonville 7. He held the rank of Lieut. Colonel.

Dr. J. B. Woodville, who entered military service on Nov. 13, 1942, received his discharge on June 1, 1946. His address is 15040 Gulf Boulevard, Madeira Beach, St. Petersburg 6. He held the rank of Captain in the Army.

Dr. L. H. Kingsbury, who entered military service on Feb. 25, 1942, received his discharge on June 11, 1946. His address is 401 Richmond Ave., Orlando. He held the rank of Major.

Dr. Edgar E. Hitchcock, who entered military service on Sept. 18, 1942, received his discharge on April 4, 1946. His address is 4 East Vanderbilt Ave., Orlando. He held the rank of Lieut. Commander.

Dr. Everett S. King, who entered military service on Oct. 29, 1942, received his discharge on May 17, 1946. His address is 749 Hollingsworth Road, Lakeland. He held the rank of Lieut. Colonel.

Dr. Joseph A. Shelley, who entered military service on July 3, 1943, received his discharge on April 1, 1946. His address is 216 N. 3rd Street, Palatka. He held the rank of Captain in the Army.

Dr. R. P. Henderson, who entered military service on December 10, 1941, received his discharge on May 1, 1946. His address is 544 No. Orange Avenue, Orlando. He held the rank of Captain in the Navy.

Dr. Joseph L. Stecher, who entered military service on March 5, 1941, received his discharge on April 5, 1946. His address is Formosa Avenue and Stymie Place, Orlando. He held the rank of Lt. Colonel.



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Dr. Philip L. Smoak, who entered military service on Sept. 16, 1942, received his discharge on Jan. 28, 1946. His address is 1208 First Nat. Bank Building, Tampa 2. He held the rank of Captain in the Army.

Dr. Paul G. Shell, who entered military service on March 8, 1942, received his discharge on May 24, 1946. His address is 420 Sweet Building, Ft. Lauderdale. He held the rank of Major.

Dr. S. Marion Salley, who entered military service on Aug. 12, 1942, received his discharge on June 6, 1946. His address is 409 Huntington Building, Miami 32. He held the rank of Lt. Colonel.

Dr. Francis C. Skilling, who entered military service on Sept. 2, 1942, received his discharge on April 2, 1946. His address is 1312 S. Miami Ave., Miami 36. He held the rank of Lt. Colonel.

Dr. Whitman H. McConnell, who entered military service on Oct. 19, 1942, received his discharge on July 16, 1946. His address is 313 First Federal Building, St. Petersburg 4. He held the rank of Lt. Commander.

Dr. A. H. Hamilton, who entered military service on April 20, 1942, received his discharge on April 25, 1946. His address is 611 Fleming St., Key West. He held the rank of Commander.

Dr. Herman K. Moore, who entered military service on July 12, 1942, received his discharge on April 29, 1946. His address is 811 United St., Key West. He held the rank of Lt. Commander.

Dr. Howard H. Curd, who entered military service on March 1, 1941, received his discharge on Jan. 22, 1946. His address is Times Bulding, St. Petersburg 5. He held the rank of Lt. Colonel.

Dr. Martin Mangels, Jr., who entered military service on Oct. 20, 1942, received his discharge on March 28, 1946. His address is 315 Ingraham Building, Miami 32. He held the rank of Captain in the Army.

Dr. Edward V. Pollard, who entered military service on June 29, 1941, received his discharge on May 14, 1946. His address is 615 Empire Building, St. Petersburg 5. He held the rank of Major.

Dr. Dominic A. Marion, who entered military service on July 1, 1942, received his discharge on June 3, 1946. His address is 1765 S. W. 12th Ave., Miami 36. He held the rank of Major.

Dr. William G. Mason, who entered military service on July 1, 1942, received his discharge on March 31, 1946. His address is 107 Parker St., Tampa 6. He held the rank of Major.

Dr. Julien C. Pate, Jr., who entered military service on July 1, 1942, received his discharge on Jan. 11, 1946. His address is 1105 First Nat. Bank Building, Tampa 2. He held the rank of Captain in the Army.

Dr. Joseph A. Pendino, who entered military service on June 9, 1942, received his discharge on May 1, 1946. His address is 107 Parker St., Tampa 6. He held the rank of Major.

Dr. Neal J. Phillips, who entered military service on Sept. 16, 1940, received his discharge on March 23, 1946. His address is 107 Parker St., Tampa 6. He held the rank of Captain in the Army.

STATE NEWS ITEMS

The Southern Medical Association will meet in Miami, November 4 to 7. All the hotel space desired will be available for this meeting, and members of the Association will have the benefit of summer rates.

Since the doctors of Florida will be hosts to the Southern, it is hoped they will turn out in full force at this meeting.

Dr. Whitman H. McConnell, St. Petersburg, has resumed practice with his father. He will limit his practice to neuropsychiatry.

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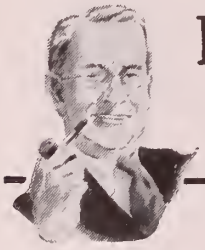
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The other day a construction firm set up an exhibit in the courthouse square. They built a new "house of the future"—and invited folks to come and see it.

Drew quite a crowd—with the women sighing over the shiny kitchen, and the men admiring the new kind of heating unit and the insulation.

All except Dr. Hollister. He looks around a spell and goes home. When I get there, he's sitting before his old Dutch fireplace, with his feet on the screen, and holding a mellow glass of beer in his hand.

"You know," he says, "it takes a heap of living to make a home."

Looking around, I see what he means. A room crowded with memories of a life well spent—and the friendly habits of a happy home, from the old-fashioned fireplace, to a mellow glass of beer with friends. From where I sit, those things do more to make a home than modern streamlined gadgets.

Joe Marsh

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Dr. Henry B. Oertel, Orlando, has reopened his office at 685 N. Orange Avenue. He will limit his practice to nervous and mental disorders.

WANTED—Physician with Florida license to relieve local physician for two or more weeks beginning on or about July 12. Must have own car. For information write P.O Box 171, Everglades, Fla.

DEATHS

DEATHS—MEMBERS

Dr. Hubbard Gates, Bradenton—April 28, 1946.

Dr. William T. H. Pallister, North Miami—May 10, 1946.

OTHER DOCTORS

Dr. Glenn D. Batten, Jackson, Tenn.—Jan. 6, 1946.

Dr. Robert L. Kennedy, Panama City—May 10, 1946.

HUBBARD GATES

Dr. Hubbard Gates of Bradenton, a Life Member of the Florida Medical Association, died Sunday noon, April 28, after a long illness. He was 79 years of age.

A native of Manatee, Dr. Gates was the son of Rev. and Mrs. Edward F. Gates, who settled in Manatee in 1841. Dr. Gates received his elementary schooling in Manatee and received his medical training at the College of Physicians and Surgeons, Baltimore, Md., from which he was graduated in 1893. He obtained his license to practice medicine in Florida in 1900, and opened an office in Oak Park, Ga., soon thereafter, later moving to Manatee County.

Though he had retired from active practice, he resumed his profession in the early years of the war when so many of the younger physicians were called for duty with the armed forces.

Dr. Gates took an active interest in civic affairs, serving on the Board of the Bradenton City Council and as Mayor of Manatee; he was also a director of the First National Bank of Bradenton. A member of the Methodist Church, the Masonic Lodge, and the Kiwanis Club, he was also affiliated with the Manatee County Medical Society, the Florida Medical Association and the American Medical Association.

Survivors include his widow, Mrs. Lomax Gates; three sons, Olin E., with the U. S. Navy at Key West; Ralph V., Tampa; and Louis E. Gates, Canton, N. C.; two step-daughters, Mrs. Chris Walker and Miss Denise Shields; and an adopted son, Thomas Adams Gates.

WILBUR LEE ASHTON

Dr. W. Lee Ashton of Melbourne died suddenly on April 16 while visiting relatives in Jacksonville. He was 49 years of age.

A native of Ohio, Dr. Ashton received his medical training at the University of Ohio, from which he was graduated in 1921. He obtained his license to practice medicine in Florida in 1925, and opened an office in Umatilla soon thereafter. In January 1942 he left a large practice in that locality to enter the Navy, where he served as flight surgeon, with the rank of Lt. Commander, until his discharge in 1945. After his return to civilian practice he located in Melbourne.

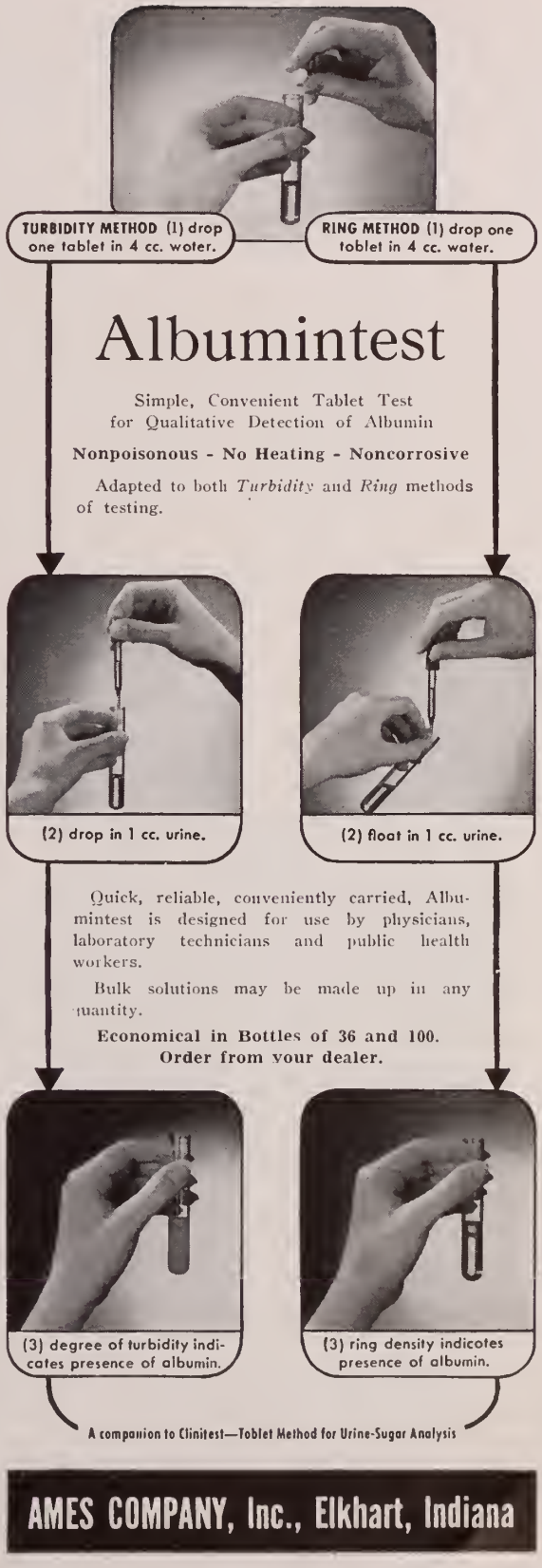
Dr. Ashton was a member of the Brevard County Medical Society, which he served as secretary for twelve years, the Florida Medical Association and the American Medical Association.

Survivors include his widow, Mrs. Zelda Ashton of Melbourne; three daughters, Darlene, a student at Wesleyan College; Anita Mae and Sandra of Melbourne; one son, Richard, of Melbourne; his mother, Mrs. J. T. Ashton of Jacksonville; and a sister, Mrs. Jack W. Sorgen of Jacksonville.

WILLIAM THOMAS HALES PALLISTER

Dr. William T. H. Pallister of North Miami died at his residence on May 10, following a long illness. He was 68 years of age.

Dr. Pallister, who was graduated from McGill University in 1897, practiced in Ontario, Seattle, and Juneau. He established the Juneau, Alaska, hospital.



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He joined the Canadian medical corps in 1915, was later transferred to the American army as a captain in the medical corps, and served as an instructor at Walter Reed Hospital in Washington, D. C. At the close of the war he was assigned to the Brazilian government to organize clinics to combat a trachoma epidemic. He later returned to New York where he practiced from 1927 to 1934.

A member of the Dade County Medical Society, the Florida Medical Association and the American Medical Association, Dr. Pallister was author of several medical books and papers. One of his most popular books was "Poems of Science."

Dr. Pallister was cited by President Franklin D. Roosevelt for his three years' service on the North Miami draft board.

Surviving are the widow, Mrs. Edna Cantwell Pallister; two daughters, Suzanne Pallister and Mrs. Kenneth Grant; four sons, William C., Norman T., George Evans, and W. H. Pallister.



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COMPONENT COUNTY SOCIETIES

DADE

The regular meeting of the Dade County Medical Society was held at the Miami Municipal Auditorium, on Tuesday, June 4, 8:30 p.m., and was known as a "Southern Medical Association Night."

Dr. M. Y. Dabney, President of the Southern Medical Association, Birmingham, spoke on "Some Effects of Wars upon Medicine," and Dr. Irving Abell, President-elect of the American College of Surgeons, Louisville, discussed "Diverticulosis and Diverticulitis." Dr. E. L. Henderson, President-elect of the Southern Medical Association, and Mr. C. P. Loranz, Secretary and General Manager, Birmingham, also addressed the group.

After the program the Southern Medical Association was host at a Smoker. The members of Broward, Monroe, Palm Beach and St. Lucie-Okeechobee-Indian River-Martin County Medical Societies were invited to attend.

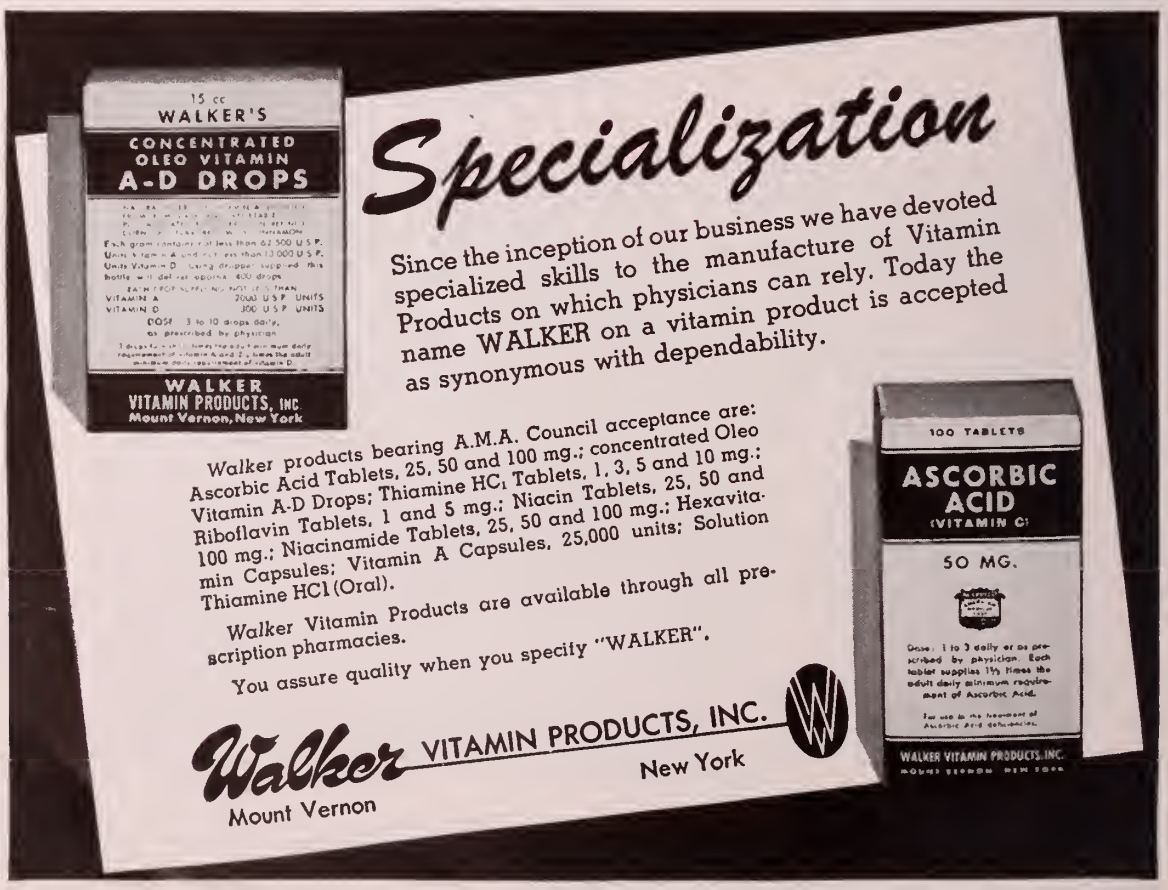
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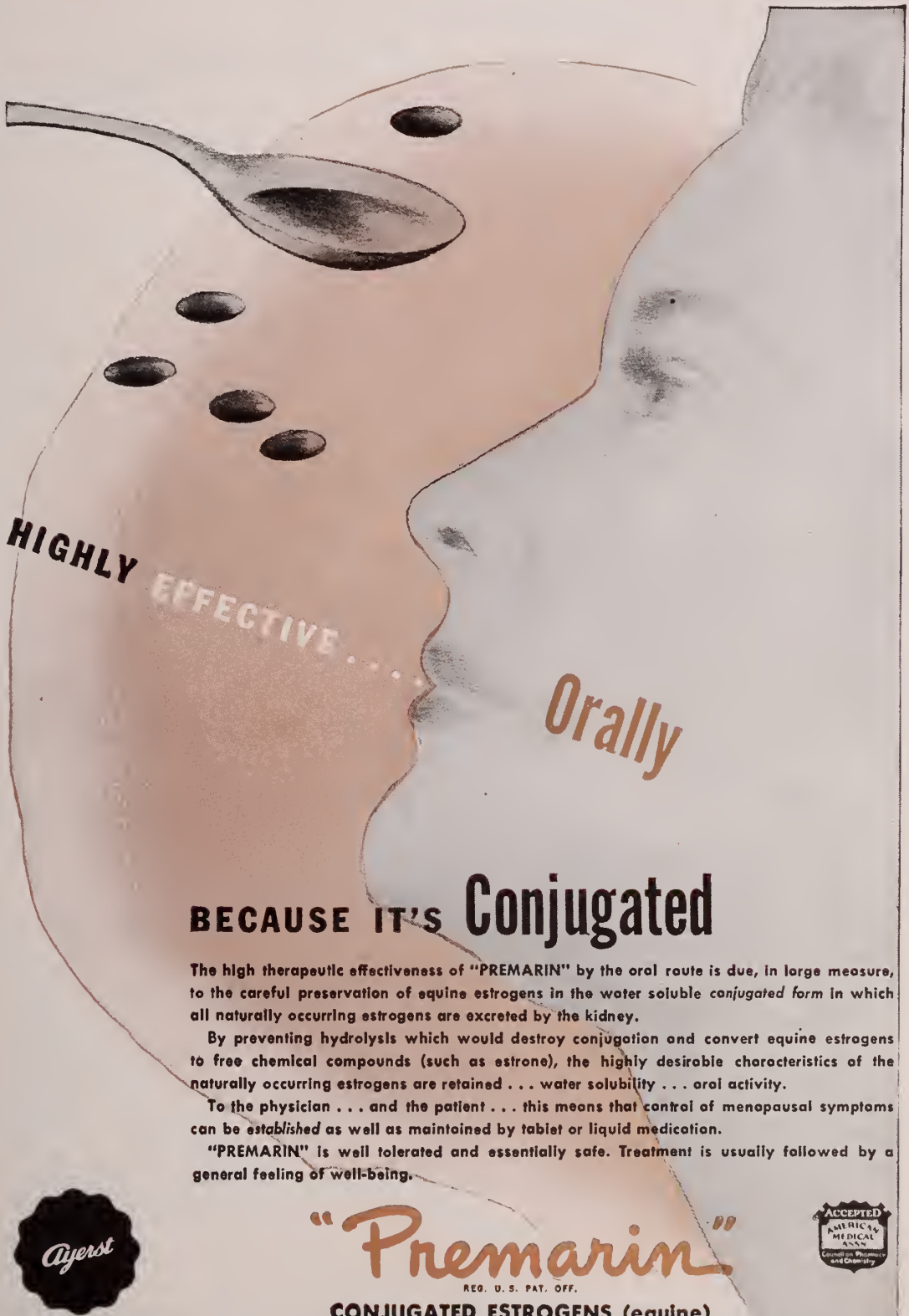
The Duval County Medical Society met at the Seminole Hotel, Jacksonville, on the evening of May 7. Dr. Ferdinand Richards presented a paper on "Cancer of the Uterus," which was discussed by Dr. W. McL. Shaw.

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PASCO-HERNANDO-CITRUS

The Pasco-Hernando-Citrus County Medical Society has paid 100 per cent of its dues for 1946. Dr. W. H. Walters is president of this society and Dr. G. R. Creekmore is secretary-treasurer.

PINELLAS

The Pinellas County Medical Society held its regular monthly dinner meeting at the Essex House May 3, 1946 at 6 p.m. Dr. A. M. Feaster presided.

Dr. C. C. Rudolph presented a paper on "Pediatric Emergencies," which was discussed by Drs. Murphy, Davis and Miller. Dr. G. Timberlake related personal experiences in the treatment of malaria. Delegates to the convention of the Florida Medical Association presented reports. Action was taken to change meeting nights to the first and third Thursday of each month, instead of the first and third Friday, effective in June.

MARION

The Marion County Medical Society has paid 100 per cent of its State Association dues for 1946. Heading this society are Dr. T. H. Wallis, president; Dr. H. L. Harrell, vice president, and Dr. B. F. Drake, secretary-treasurer.



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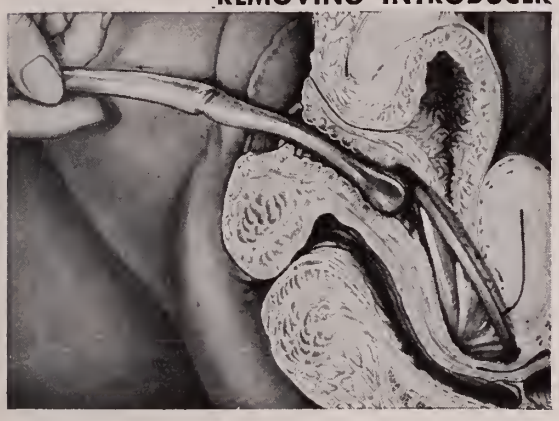


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STATE CHARGES

Dear Co-workers:

The last two years under our efficient president, Mrs. Williams, were outstanding in that the organization was not only held together but that much work was accomplished during the trying days of the war.

We are now at the threshold of a new year. I take this opportunity to thank you for the faith you have expressed by electing me to the high office of president. I assure you I shall endeavor to keep the aims and objectives of the organization on as high a plane as in previous years. I ask the cooperation of all the members of the Auxiliary in carrying out the charges given us by the National Advisory Committee, by the president of the State Medical Association, Dr. Shaler Richardson, and by the Auxiliary, which are listed below. If these objectives are to be attained during the year, we must give our best attention to them.

CHARGE BY NATIONAL ADVISORY COMMITTEE

1. Work toward advancing the educational program on prepaid medical service plan.

CHARGES BY PRESIDENT OF MEDICAL ASSOCIATION

1. Obtain literature outlining threat of socialized or political medicine as advocated by the Wagner-Murray-Dingell bill (S-1606), and place it in all schools, physicians' offices, libraries and other selected places.
2. Organize a Speakers' Bureau and arrange for speakers on the subject of socialized medicine before civic clubs, Parent-Teachers' Associations, and Women's Club.
3. Obtain advertising for the Medical Directory, the proceeds to go into the scholarship fund.
4. Place Hygeia in the schools.
5. Organize auxiliaries in counties where medical societies exist but in which there are no auxiliaries.

6. Be active in politics by registering and voting for candidates who are known to be opposed to socialized medicine.

7. Assist in arrangements for local medical society meetings.

8. Inform yourselves as to governmental control of medicine so that you can talk intelligently on the subject whenever it is discussed. It is suggested that each of you write the National Physicians' Committee, Pittsfield Building, Chicago, for a complete file of this information.

CHARGES BY STATE AUXILIARY

1. Make a genuine effort to put over the Bulletin.
2. Cooperate with the Cancer Field Army and Tuberculosis Association.

This is one of the most critical years of organized medicine. We must be on the alert and do all we can to carry out the charges given us.

Cordially yours,
Mrs. C. H. Murphy, President

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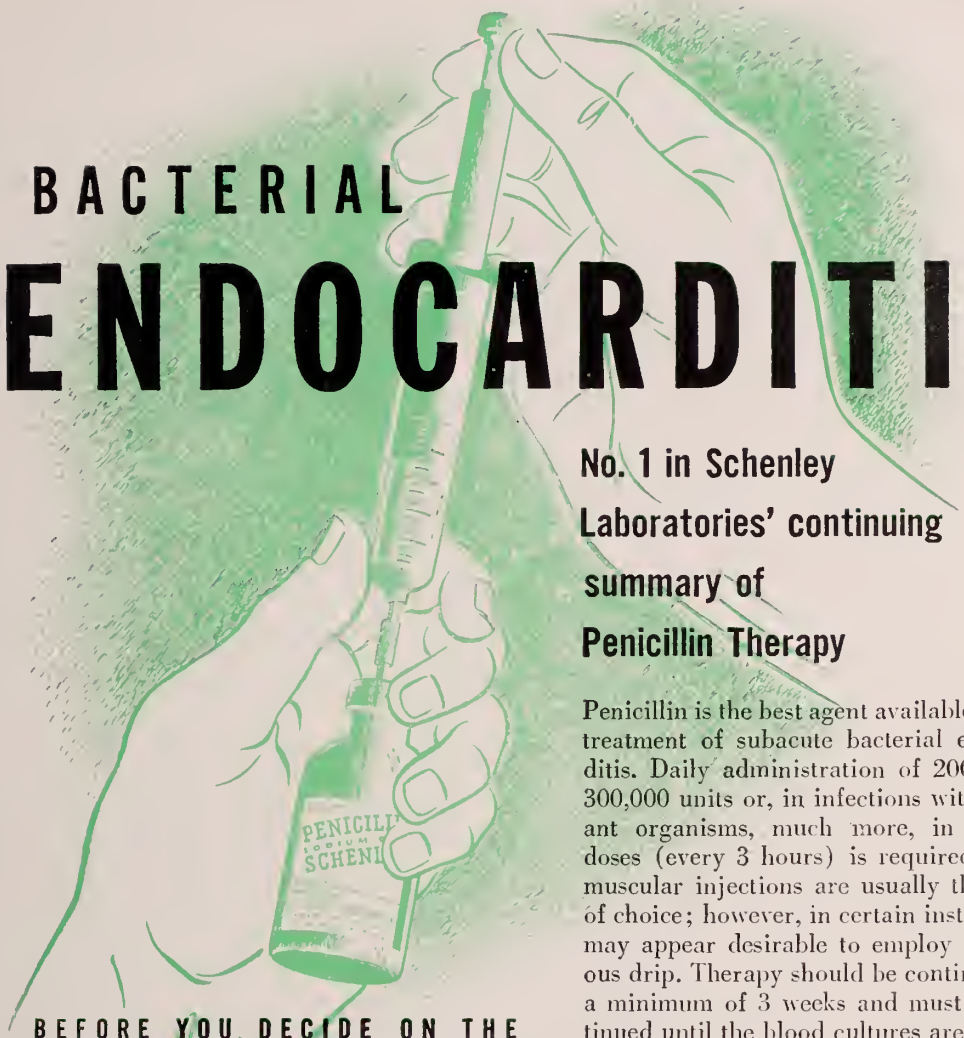
SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
lorida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, 1947
lorida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
A-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	Pensacola, 1946
B-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	Gainesville, 1946
C-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	St. Petersburg, 1946
D-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	Ft. Lauderdale, 1946
nerican Medical Association	Herman L. Kretschmer, Chicago	Geo. F. Lull, Chicago	San Francisco, July 1-5, 1946
uthern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Miami, Nov. 4-7, 1946
labama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
eorgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
orida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, June 4, 1946
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	Palm Bch., Nov. 11-13, 1946
Derm. and Syph., Soc. of	J. Frank Wilson, Jacksonville	Wesley W. Wilson, Tampa	
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, 1947
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June 24, 25, 1946
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Mr. H. A. Cross, Jacksonville	
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
Pediatric Society	Councill C. Rudolph, St. Petersburg	James R. Boulware, Lakeland	Miami, 1947
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, 1947
Public Health Association	George A. Dame, Jacksonville	E. M. L'Engle, Jacksonville	Miami, 1946
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
lattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
ulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
E. Sec. Am. Cong. Phys. Ther.	John J. McQuire, Pensacola	Kenneth Phillips, Miami	
E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Gulfport, Miss., 1947
utheastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12	10	
A	Escambia *Santa Rosa	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	50	47	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
A	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
A	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5	100%	
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	15	12	
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. 1232 N. Monroe St. Tallahassee	Quarterly 8:00 P.M.	37	32	A-2-47 G. Wilmot Brown, M.D. Tallahassee
B	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
B	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	30	23	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
B	Duval *Clay	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	209	197	
B	Marion *Levy	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	26	100%	
B	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
B	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	7	
B	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	14	12	
B	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	12	11	B-4-47 C. McK. Tyre, M.D. Eustis
B	Lake *Sumter	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	15	100%	
B	Orange *Osceola	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	106	100%	
B	Seminole	Orville L. Barks, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	13	100%	
B	Volusia *Flagler	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	45	38	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	126	100%	C-5-47 W. Wardlaw Jones, M.D. Dade City
C	Manatee	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.	12	100%	
C	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	12	100%	
C	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	125	124	
C	Sarasota	Stanley T. Martin, M.D. Box 551 Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	21	100%	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		21	100%	
C	Lee *Collier, Hendry	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	18	C-6-48 James R. Boulware, M.D. Lakeland
C	Polk	Benjamin J. Bond, M.D. Coker Building Winter Haven	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	69	65	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D. 410 Citizens Bldg. W. Palm Beach	3rd Monday 8:00 P. M.	73	100%	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	16	14	
D	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 314 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	54	52	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	370	334	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	9	

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DAWSON, M. H., AND HUNTER, T. H.: *The Treatment of Subacute Bacterial Endocarditis with Penicillin: Results in Twenty Cases, J.A.M.A. 127:129 (Jan. 20) 1945*... FAVOUR, C. B.; JANEWAY, C. A.; GIBSON, J. G., II, AND LEVINE, S. A.: *Progress in the Treatment of Subacute Bacterial Endocarditis, New England J. Med. 234:71 (Jan. 17) 1946.*

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Webster Merritt

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Herbert E. White

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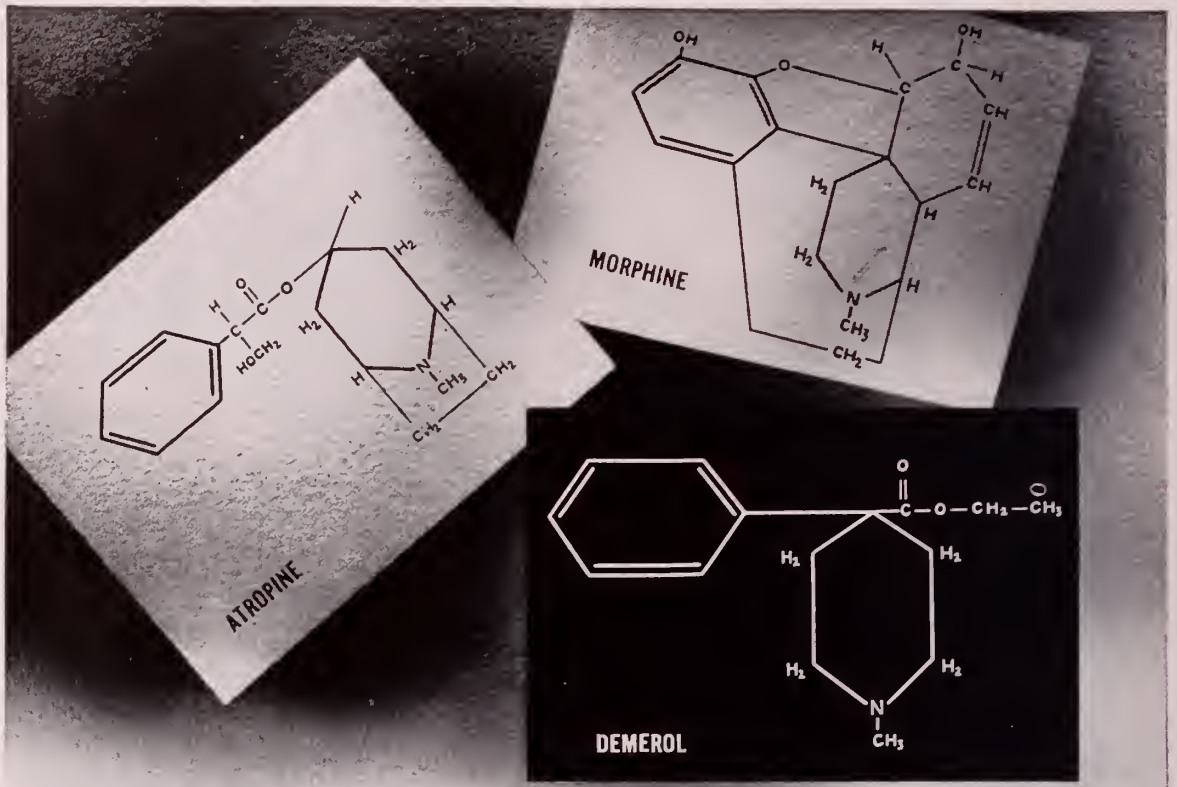
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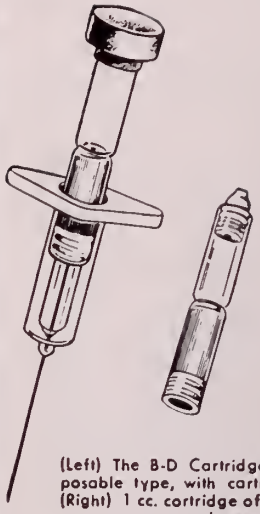
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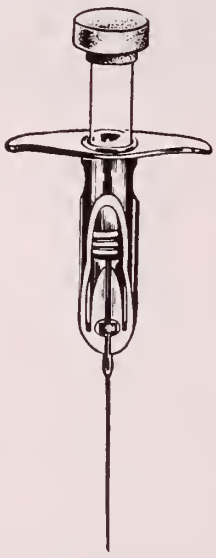
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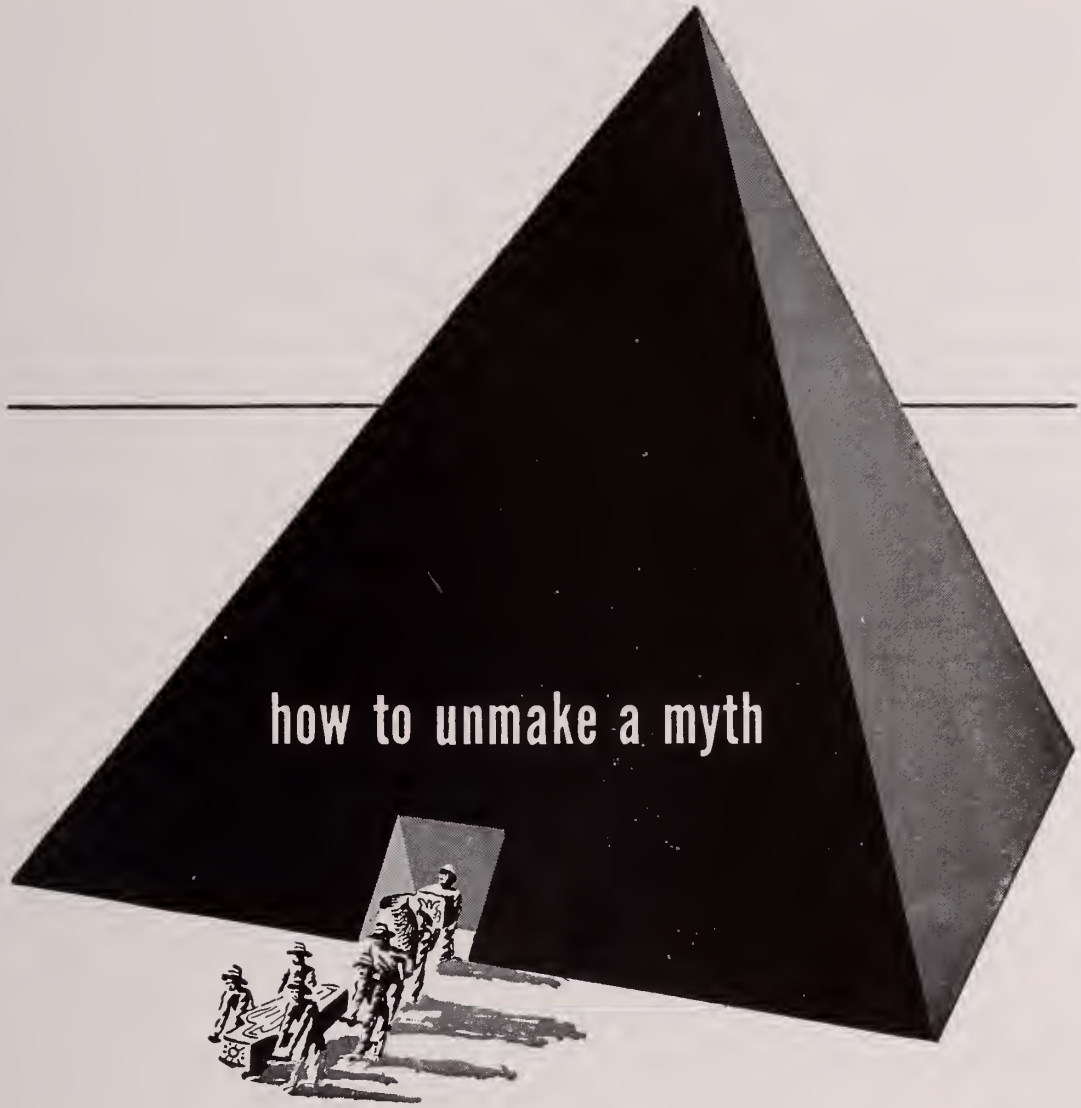
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1. Am. J. Dis. Child. 66:1 (July) 1943

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Feinberg, S. M.: Allergy in Practice,
Chicago, The Year Book Publishers, Inc., 1944, p. 502.

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* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

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DAWSON, M. H., AND HUNTER, T. H.: *The Treatment of Subacute Bacterial Endocarditis with Penicillin: Results in Twenty Cases, J.A.M.A. 127:129 (Jan. 20) 1945.* . . FAVOUR, C. B.; JANEWAY, C. A.; GIBSON, J. G., II, AND LEVINE, S. A.: *Progress in the Treatment of Subacute Bacterial Endocarditis, New England J. Med. 234:71 (Jan. 17) 1946.*

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Richards, R. K., and Perlstein, M. A. (1945), Tridione, A New Experimental Drug for the Treatment of Convulsive and Related Disorders, Proc. Chicago Neurological Soc., Jan. 9; and (1946), Arch. Neurol. and Psychiatry, 55:164, February.

Lennox, W. G. (1945), Petit Mal Epilepsies: Their Treatment with Tridione, J. Amer. Med. Assn., 129:1069, December 15.

DeJong, R. N. (1946), Effect of Tridione in the Control of Psychomotor Attacks, J. Amer. Med. Assn., 130:565, March 2.

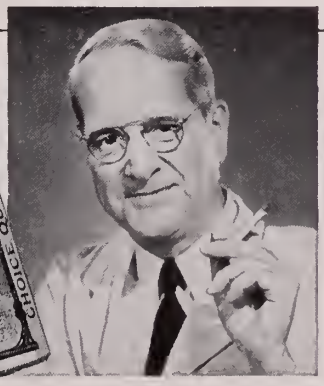


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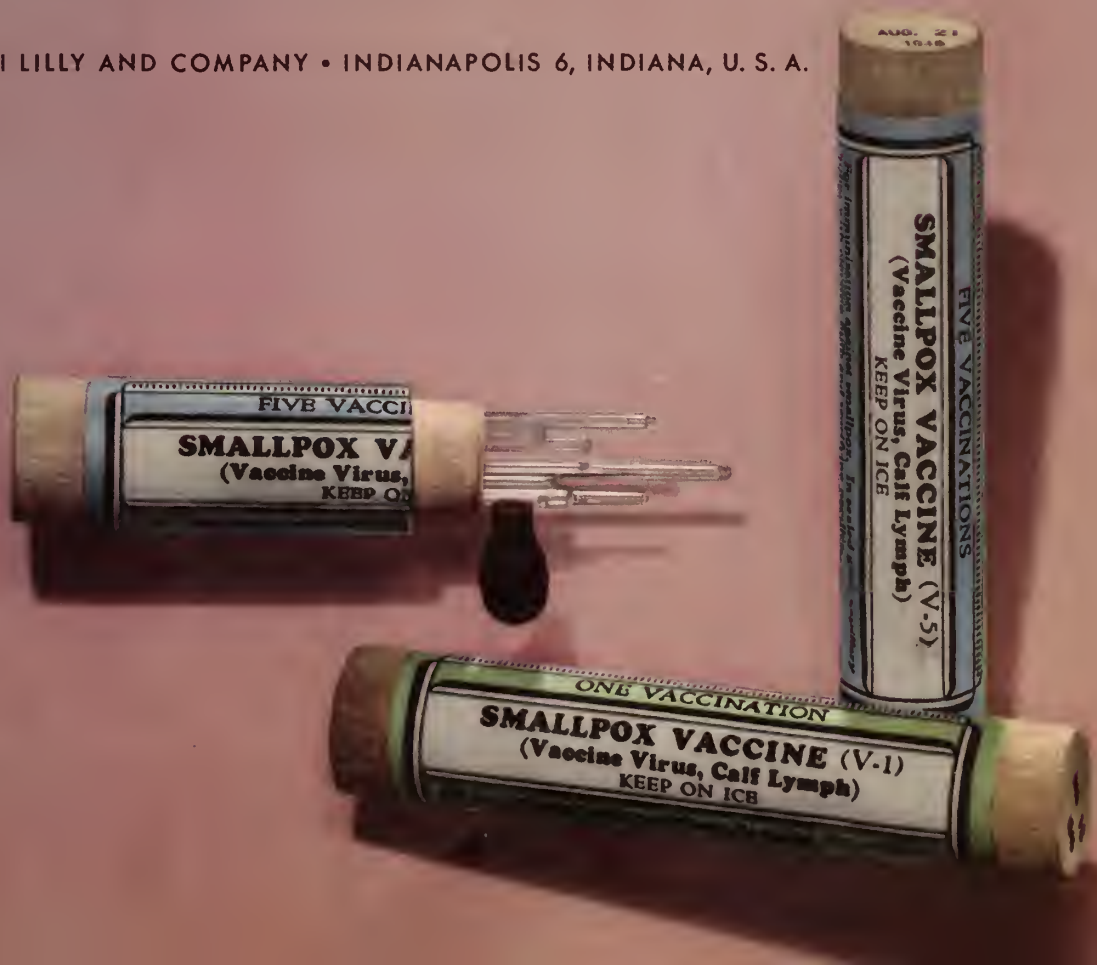




ILLUSTRATION BY HERMAN GIESE

For the common good

TIRED AND WORN by the demands of the busy day, the average physician would much prefer home and family to an evening meeting of his medical society. He would like nothing better than a few hours of complete rest and relaxation. Medical progress, however, demands that he be ever alert. Or if he happens upon an experience which may be helpful to others, he willingly shares it. Advancement in medical practice must be common knowledge in order that people in general may benefit.

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIII | Jacksonville, Florida, August, 1946 | No. 2

PUBLIC HEALTH PROBLEMS IN FLORIDA

WILSON T. SOWDER, M. D.
JACKSONVILLE

Gentlemen of the Florida Medical Association and guests: Although the State Board of Health is paid for and belongs to all of the people of Florida, it is in a real sense your own. Its activities reflect in their every aspect your viewpoints and thinking. In spite of the fact that the direction of these activities is subject to the will of all of the citizens of the state, laymen as well as physicians, as expressed through their elected representatives, and in spite of the obvious fact that the lay citizens greatly outnumber the members of our profession, the State Board of Health has always been able sooner or later to reconcile differences of opinion between the two groups and it has carried on no programs or activities in conflict with the thinking of the medical profession. Now this accomplishment should not be especially surprising since the membership of the Board, the body that formulates all the policies of the organization, has always, to the best of my knowledge, been made up with physicians in the majority. The present Board of three members, as you know, is made up of two physicians and a pharmacist—the Secretary of the Florida Medical Association, a past president of the Association, and a pharmacist who is equally esteemed by our profession and his own. I do not mean to say that every physician in the state has always been perfectly happy over every action taken by the Board and its affiliated County Health Units. It is impossible to please everybody, but I venture to say that not all the physicians of the state are always satisfied with all the actions taken by their state and local medical societies.

I mention all these things as a means of telling you that the voice of the medical profession is heard and heeded in the councils of the State Board of Health. We ask you in turn to remember that we also have about two million other persons in the state to whom we have to give heed. Those of us who are in the field of public health make no apologies for the fact that we try in so far as our duties and our consciences permit to get along with everybody. In fact, we probably cooperate more with more people and for less money than any other specialty, profession or trade. We do not, however, subscribe to the theory that the importance of our work is to be measured by the income derived from it. We are in this work because we like it. We think it is important and we think it essential that you think it important. Why?

None of us have failed to hear some part of the great debate that has been carried on for the last several years about the future and the form of medical practice in this country. The medical profession has come to the conclusion that in order to win this debate its members must take advantage of every opportunity to show the people of this country that medical practice in its present form is best. We know that we must demonstrate that we are interested and concerned about the health of the entire community, not just the health of the persons who come to our offices.

The medical profession in Florida has gone a long way toward showing such an interest. The Florida Medical Service Corporation represents a tremendous effort in this direction. I am sure that it cannot fail to impress the public with the sincerity of purpose not only of those who have worked hard to get the plan into operation but of all the physicians of the state who have supported it.

Schemes for medical care are not, however, the business of the State Board of Health, and I do not propose to discuss them. I am not an authority on the subject anyway, but I merely mention it in passing since not only the physicians but other people throughout the country are having chills and fever on the subject right now. A sure cure for these chills and fever would be as welcome as was penicillin. The voluntary insurance plan is not, as I understand it, expected to be a sure cure and antidote, but it is the best remedy that can be found at the moment. I am sure, however, that any supportive therapy that can be suggested will be gratefully received, especially since the fever is apt to be chronic and recurrent.

I contend that a good public health program—a good health department—state and county, is a credit to the medical profession. I believe further that a poor one is a reflection on the

State Health Officer.

Read before the Seventy-second Annual Meeting of the Florida Medical Association, Jacksonville, April 22, 23, 24, 1946.

medical profession. While a poor health department does not reflect to the discredit of your training or professional ability or on your interest in your patients, it does reflect on your public spiritedness. The people of a city, county or state look naturally to the medical profession for leadership in all medical fields, including public health. If such leadership is poor, or lacking, or even worse, if it is pitted against a public health program, the average layman concludes that the physicians are only interested in themselves and their private income, that their thinking is not projected outside of their office doors and that any leadership in the field of community health must come from laymen.

Now some of you may say, "Why should we support a public health program? What good is it? Isn't it a fifth column in our midst and doesn't it take our practices away? What is public health anyway?" I have never looked up the term in the dictionary, but I will give you my idea about the matter. Public health is a specialty of medicine. Its aim is to promote better community health. It is interested in individuals only when their health affects the health of others. It does not conflict with the private practice of medicine. It supplements it. The practitioner in private practice, for instance, is in no better position to cope with the myriad of public health problems of vital concern to the health of a community than a dermatologist is able to care for a brain tumor. Let us take a few examples: Typhus fever is a disease that has been on the increase in the state for the last ten years. Almost any physician can treat it, but the physician in private practice is helpless as far as controlling an epidemic of this disease is concerned. He has to rely on community action—a rat control program—which is carried on by most health departments. The practitioner in private practice, neither singly nor collectively, can be expected to stop a typhoid epidemic or an epidemic of malaria. He may possess the necessary technical knowledge, but the remedies required demand community action. Dairies must be inspected, water supplies checked and carriers traced. In the case of malaria the anopheles mosquito must be controlled.

Tuberculosis and venereal diseases are treated by physicians in private practice, and these practitioners can make a great contribution to community health by inquiring into possible sources of infection of the patient and also into the possibilities of his having infected others. What physician, however, in private practice is equipped to see that persons possibly infected are examined and treated if they do not present themselves voluntarily at his office? Persons with such a communicable disease who do not suspect it, those knowing of its presence but unwilling to seek treatment, those who are recalcitrant about continuing treatment, those who do not have funds to pay for treatment, and those having the funds but unable to find a physician willing to treat them need the services of a health department. These diseases are serious problems in Florida. Seven to 800 persons die annually of tuberculosis, and there are probably ten times that number who have active cases. More than 30,000 new cases of syphilis were reported to the State Board of Health in a single year (1943), and Florida is known to have one of the highest rates for this disease in the country.

Hookworm is probably still one of the most serious health problems in Florida. It has been estimated by reliable authorities that there are 50,000 clinical cases in the state over and above the host of others in which the infestation is apparently doing no clinical damage. The latest surveys show that about 30 per cent of rural white school children are infested. Remedies for the individual case of hookworm are simple, easily applied, and inexpensive. They are within the reach of nearly everyone and are reasonably effective; but, considering the problem as a whole, how much good do they do? With the combination of sandy soil and mild climate which we have in Florida, hookworm larvae are able to live in the soil the year round. Treatment of a child with hookworm who promptly goes back to playing barefooted on soil contaminated with human excreta and hookworm larvae gives a very transient relief. The child's intestine is temporarily cleansed of these bloodsuckers and the hemoglobin level rises. In other words, more nourishment is prepared for a new crop of hookworms. I do not say that the treatment of hookworm should be discontinued, but I do say that the best remedy for this condition is improvement of sanitation—sewer systems in cities and towns, septic tanks wherever possible elsewhere, and the old fashioned properly constructed pit privy where better means of sewage disposal are not available. Needless to say, proper sewage disposal

also goes far toward the prevention of many other gastrointestinal diseases such as typhoid fever, bacillary and amebic dysentery and a host of others.

Related to the hookworm problem is the problem of malnutrition and anemia. Preliminary dietary studies have shown that the diets of a high percentage of children in Florida, particularly those in rural areas, are deficient in many of the essential vitamins and also in iron and possibly in other minerals. Related studies also have shown clinical evidence of the lack of these food elements. Furthermore, the work of Abbott, Townsend and Ahmann[1] of Gainesville on over 2,000 rural school children in several counties showed that the alarmingly high number of 42 per cent were definitely anemic. In these children there were hemoglobin levels of less than 11.4 Gm. per hundred cubic centimeters of blood. No one has offered a satisfactory explanation for these findings, and until one is found, the steps to be taken cannot be prescribed. It does not seem to be correlated with hookworm infestation to an extent sufficient to explain the condition solely on that basis. Poor food habits, deficiencies of iron in the soil and its products, and deficiencies of other minerals are all suspected. The State Board of Health expects to investigate these anemias rather extensively and considers this step a proper activity of this organization.

There are many other public health problems in the state that the time alloted does not permit me to mention, but I am sure that you are all fairly familiar with them. I have also passed over many of the activities of the State Board of Health. Some of these are taken for granted as, for instance, the work of our laboratories. None of our work is more important to the public health program in the state; and the importance of our laboratories to the physician in private practice is considerable. We have had a difficult time during the last few years due to shortages of personnel, but our laboratory staffs are being reinforced rapidly by the best talent available in the country. It is our intention that you shall have the best laboratory service and consultation in the fields of bacteriology, parasitology, and serology, not only in the state of Florida but in the entire country.

The main point, however, that I want to emphasize to you today is the need that we have for each other—we who are in the field of public health and you who are in private practice. We cannot have a good State Board of Health or good county health departments with a good statewide public health program without your cooperation and assistance. You, for your part, need our laboratory services, and our sanitation, rat control and mosquito control programs. You need our venereal disease and tuberculosis programs, our maternal and child health programs and the help of our public health nurses. All of these activities supplement the work of the private practitioner in protecting the health of our communities. The two together are necessary if we are to demonstrate to the world that physicians can manage their own affairs. We are judged together. Let us stick together.

The State Board of Health, for its part, is always ready and eager to hear suggestions from you. Our county health officers and the members of their staffs are anxious to cooperate with you. We are not perfect—far from it. We have a long way to go, but we think we are on the way. We need your help in getting there. We feel that one essential step is the establishment of local health departments for every county in the state with a physician as health officer. In the case of smaller counties it is necessary as a practical measure to have one health officer serve two or more counties. At present only 37 of our 67 counties are so organized, but these 37 counties contain 80 per cent of the population of the state. We are doing our best to furnish to the other 20 per cent of our population the services they are paying for, but it is difficult without a local organization. The State Board of Health does not intend to high pressure any county to form a health department, or if they have one not affiliated with us, we do not insist they join us. We do believe, however, that there are advantages to such a union, but whatever type of health program is carried on, we want to emphasize again that you physicians in private practice cannot escape your responsibility for it, or for the lack of it. Let me urge you, as a demonstration of your interest in the total health problem in Florida, as good citizens, as individual physicians and as members of an honored profession, that you lose no opportunity to support the extension of public health services to all the citizens of this state and that you lend your support to the improvement of existing health programs. I do not mean to suggest that you should support all of our undertakings without examining them. Health departments need constructive criticism and guidance

from the members of the profession best able to give it. An attitude of indifference, however, is what handicaps us most. I do not believe that you can afford to be indifferent to the need for better public health in this state, because I am sure that you realize as well as I do that such indifference is not to the best interest of either public health or the private practice of medicine in Florida.

REFERENCES

1. Abbott, O. D.; Townsend, R. O., and Ahmann, C. F.: Hemoglobin Values for 2,205 Rural School Children in Florida. Am. J. Dis. Child. 69: 346-349 (June) 1945.

Box 210, Zone 1.

DISCUSSION

DR. L. L. PARKS, Jacksonville: Dr. Sowder's paper, in my opinion, expresses the attitude of the majority of the county health officers in the state of Florida. He has outlined the many problems well. We health officers need the support of the practicing physicians of the state and counties, and we in turn intend to support the policies of the medical society.

I have been doing public health work for many years and I have found that the majority of physicians support our public health program. It has been our policy to discuss our plans and programs with the officials of the medical society before any new project is started. This eliminates any confusion that may develop later on. We cannot please all physicians, but we can satisfy the majority. We consider the practicing physician as our front line of defense, especially in the control of communicable diseases. For example, unless the practitioners report their cases of communicable diseases so that we can take the necessary actions, we could have epidemics before the health departments could be given any warning to get their forces together.

Florida, as well as every other state, has had some good and bad county health officers, but I believe it is now attracting high grade health officers. There is no reason why we cannot have state and county health departments of which all the physicians will be proud.

Many of the difficulties in the past among the health officers and physicians have been caused by a lack of appreciation or understanding of the other fellow's job. The field of public health is full of opportunities in sanitation, control of communicable diseases and health education; it should not encroach on the curative side of medicine. Every county in the state has plenty of public health problems to keep its staff working without getting into the practicing physician's field of work.

We must have health departments in which the people and physicians have confidence. To deserve that confidence, we need each other's support and cooperation. Actually, the health officer should educate and teach people to want and to demand that they be given health service by their private physician. Health, in its fullest sense, is not a right that can be demanded. It must be sought for and deserved through conscientious, intelligent, individual effort.

I recommend that every county medical society in the state have an advisory committee for the health officer. This committee can work out the problems with the local health officer, and such a committee is useful for all concerned. If you have individual problems with your local health officer, then tell him about them, and in most instances he will, or should appreciate your side of the situation and try to adjust the matter in the interest of both of you.

Speaking as a local health officer, I may say that we have found that no program in public health can be expected to approach success unless we have the cooperation of the majority of the physicians in our county.

ANAEROBIC STREPTOCOCCUS INFECTION ABOUT THE RECTUM IN THE SUPRALEVATOR SPACE

DUNCAN McEWAN, M. D.
ORLANDO

Progressive synergistic bacterial gangrene, although rare, has been described as a separate entity since 1926 when Brewer and Meleney[1] established the bacterial relationship; the clinical picture had been described previously by Cullen[2] and others. The lesion, characterized by extensive slowly progressive, painful ulceration, is followed by gangrenous sloughing. Careful culturing discloses a micro-aerophilic, nonhemolytic streptococcus at the periphery of the lesion, while an aerobic, hemolytic, staphylococcus aureus is found in the gangrenous portion of the lesion.

The synergism is illustrated by injection of pure cultures of either organism into separate animals without ulceration, but with reproduction of the typical clinical lesion when the mixed organisms are injected.

Current literature usually deals with these lesions of the skin as arising from the complications of drainage of an abscess or traumatic wounds. Meleney[3] reported that the streptococcus is usually derived from the intestinal canal, and Rail[4] found the micro-aerophilic, nonhemolytic streptococcus to be a normal habitant of the lower portion of the bowel.

The presence of the micro-aerophilic streptococcus in the lower portion of the bowel suggests the danger of this type of infection arising when traumatic injury to the rectum occurs. The spaces about the rectum provide an inviting place for such infection, and the relationship to the peritoneal cavity results in abdominal, as well as rectal, symptoms.

The following cases are reported to illustrate some of the clinical significances of micro-aerophilic streptococcus infections about the rectum:

Case 1.—Miss P. M., a white schoolteacher, aged 32, entered the hospital Jan. 21, 1938, with a history of having had some internal hemorrhoids injected by an osteopathic physician four days previously. The following day she returned to his office and was given a colonic irrigation, which was extremely painful. The pain continued, and as the temperature was elevated the next day, she was unable to return to his office. A physician was called who sent her to the hospital.

On admission the temperature was 102 F. The physical examination gave negative results except for a fine, bright red, macular rash over the entire body and a firm indurated mass on each side of the rectum, evidently in each pelvirectal space.

Read before the Hillsborough County Medical Society, Tampa, Oct. 2, 1945.

A few hours later the temperature rose to over 104 F., and the patient became delirious. She was nauseated and vomited and was unable to void. The leukocyte count was 12,450, and the polymorphonuclear leukocyte count was 99 per cent. Twelve hours after admission the administration of prontosil was started, 15 cc. being given every four hours until 150 cc. had been given. Fluids were given intravenously and forced by mouth. The fifth day following admission, she was afebrile and remained so; the rectal mass gradually decreased in size. There was no discharge from the rectum at any time. The patient was discharged from the hospital nine days after admission, completely recovered.

Case 2.—E. H., a 37 year old white man, entered the hospital March 20, 1938, and gave a history of having had some internal hemorrhoids injected by an osteopathic physician forty hours before admission. He felt well after the treatment and played several sets of tennis. Twenty-four hours after the injection he had slight pain in the rectal region and felt that his temperature was higher than normal. As he was unable to void, he returned to the osteopath, who catheterized him and had a Negro woman give him a colonic irrigation.

Ten or twelve hours later the temperature was 102 F., and he passed a small amount of clear fluid constantly by rectum with no evident control. He had pain in the lower part of the abdomen, and a physician was called. On examination the temperature was 102 F., and the pulse rate was 100. There was moderate abdominal distention with moderate rigidity of the entire abdomen, especially in the lower portion. There was tenderness over the lower portion of the abdomen, more severe in the left lower quadrant. On percussion there was dulness over the left lower quadrant of the abdomen. Palpation of the rectum through the anus disclosed a hard induration of the posterior wall.

The urine was normal. The blood count was as follows: red blood cells 4,600,000, hemoglobin content 85 per cent, white blood cells 18,600, polymorphonuclear leukocytes 83 per cent, small mononuclear leukocytes 13 per cent and large mononuclear leukocytes 4 per cent.

Twenty-four hours after admission to the hospital, the patient had a fine, bright red, macular eruption on the skin which was similar to a scarlet fever rash. Prontosil, 20 cc. every four hours, was given intramuscularly; whole blood, glucose and saline were given intravenously. His condition seemed slightly improved, but forty hours after admission the distention became worse, the abdominal pain was intense, and nausea and vomiting were continual. The induration in the rectum became more extensive, ascending the right lateral wall. There was no evidence of fluctuation. The following day the induration of the rectum seemed less, but the abdomen had an almost boardlike rigidity and was extremely tender, especially in the lower left quadrant.

Four days after admission his condition became critical; rales were heard in the base of each lung, cardiac sounds were irregular and weak, the induration of the rectum could be palpated on the anterior wall, and the abdominal symptoms were acute. He expired six days after the hemorrhoidal injection.

Autopsy: On opening the peritoneal cavity about 100 cc. of turbid, serous, peritoneal exudate was noted. There was moderate distention of the colon and the bladder. The peritoneal surfaces were smooth and glistening and there was no evidence of fibrous exudate. Several appendices epiploicae in the region of the sigmoid colon showed petechial hemorrhage.

In the retrorectal space beneath the perirectal peritoneum there was induration and profuse cellulitis of the tissue, with serofibrinous exudate in the tissue. There was no evidence of purulent formation. The rectal mucosa was inflamed, swollen and indurated with numerous areas of ulceration.

Cultures taken of the serous fluid showed anaerobic streptococcus growth. Blood cultures taken from the heart were negative.

Case 3.—Mrs. H. K., a white woman aged 41, was admitted to the hospital May 9, 1939. She stated that twenty-four hours before admission, while having a colonic irrigation, she had experienced a sudden sharp pain throughout the entire left lower portion of the abdomen and back which felt as though "something had torn loose." Thereafter she had a continuous pain in the lower left portion of the abdomen, nausea and vomiting, and an elevation of temperature.

Five months previously, in January, 1939, she had had a pain in the rectum accompanied by a low grade fever. It had continued and at times was associated with frequency of urination and an irritating vaginal discharge. Smears of the discharge were negative, but cultures were not done. Proctocopic examination at that time showed no evidence of inflamatory reaction of the rectal mucosa or other gross abnormalities. The procedure was, however, extremely painful.

The vaginal discharge had disappeared after treatment for Trichomonas vaginalis, but the aching and feeling of pressure in the rectal region had continued until the acute onset of the present illness.

On physical examination the patient appeared acutely ill. The abdomen was distended with generalized rigidity and tenderness, especially in the left lower quadrant. Rebound tenderness was referred to this area. Digital rectal and vaginal examinations gave negative results. The leukocyte count was 9,100 with 85 per cent polymorphonuclear leukocytes and 15 per cent small mononuclear leukocytes.

Because of the severe abdominal symptoms an exploratory laparotomy was done with a diagnosis of a possible ruptured sigmoid. At the operation many old adhesions from a previous operation were found, but there was no evidence of obstruction. The intestines and the peritoneum appeared normal, but an indurated area was found retroperitoneally about the rectum. There was no evidence of a collection of fluid or pus. No attempt was made to open into the infected area, and the abdomen was closed.

The patient was given fluids intravenously and sulfanilamide by mouth and intramuscularly. The condition rapidly became worse, however, and the patient expired on the fourth postoperative day.

Autopsy: At autopsy the retroperitoneal part of the lower section of the sigmoid was medium hard, indurated and fixed to the retroperitoneal wall. It contained a highly odorous, necrotic, macerated, edematous tissue with numerous irregular, serous pockets. This region extended from the lower part of the sigmoid to the midpart of the rectum. There were no visible lesions or breaks in the mucosa of the sigmoid or rectum.

Cultures of the necrotic area showed aerobic organisms of the colon and proteus group and profuse growth of anaerobic streptococcus.

SUMMARY

Attenton is directed to anaerobic streptococcus infection about the rectum by the report of 3 cases, in one of which there was response to the use of sulfonamide.

These cases emphasize the complications which may result from trauma to the rectum from operative procedures, either planned or accidental, and also abdominal symptoms resulting from this type of infection.

REFERENCES

1. Brewer, G. E., and Meleney, F. L.: Progressive Gangrenous Infection of Skin and Subcutaneous Tissues, Following Operation for Acute Perforative Appendicitis: Study in Symbiosis, Ann. Surg. 84: 438-450 (Sept.) 1926.

2. Cullen, T. S.: Progressively Enlarging Ulcer of Abdominal Wall Involving Skin and Fat, Following Drainage of Abdominal Abscess Apparently of Appendiceal Origin, Surg. Gynec. & Obst. 38: 579-582 (May) 1924.

3. Meleney, F. L., and Harvey, H. D.: Combined Use of Zinc Peroxide and Sulfanilamide in Treatment of Chronic, Undermining, Burrowing Ulcers Due to Micro-Aerophilic Hemolytic Streptococcus Ann. Surg. 110: 1067-1094 (Dec.) 1939.
4. Raile, H.: Anorectal Infection; Focus of Infection of Major Importance, Rocky Mountain M. J. 36: 475-481 (July) 1939.

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CONSERVATIVE THERAPY OF CARDIAC TAMPONADE RESULTING FROM WOUNDS OF THE HEART

REPORT OF FOUR CASES

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AND
ROBERT W. STARBUCK, M. D.
JACKSONVILLE

In recent years, cardiac tamponade resulting from wounds of the heart has been treated with increasing frequency by conservative means, namely, aspiration of blood from the pericardial cavity. Formerly, there was general agreement that every patient with cardiac tamponade should undergo an exploration of the pericardial cavity with suture of the wound of the heart. Now, however, a number of surgeons who have dealt with the problem think that conservative or nonoperative rather than operative management is wiser except in cases of active external or internal bleeding, for in these cases exploration is urgent and can be life-saving.

PROCEDURE

In aspirating the pericardial sac, a local anesthetic is used, and a five inch 18-20 gauge needle on a syringe is directed through the left costoxiphoid angle superiorly and laterally. As the needle is advanced, there should be a negative pressure within the syringe so that blood will be aspirated as the needle pierces the pericardium. The aspirated blood is dark and usually does not clot since the content of fibrinogen has been reduced by clotting in the pericardial cavity.

The procedure is not particularly dangerous if properly carried out. Injury to the myocardium or left coronary artery is possible, but may be avoided by using caution in advancing the needle and by directing it somewhat laterally. Other possible dangers are injury to the internal mammary vessels and penetration of the peritoneum, pleura or lung.

Members, Duval County Hospital Staff.
Read before the monthly Staff meeting of the Duval County Hospital, Nov. 20, 1945.

REVIEW OF THE LITERATURE

Blalock and Ravitch[1] of Johns Hopkins University stated that the reported mortality from wounds of the heart treated by operation is about 50 per cent and that most deaths have resulted from the injury itself, but many are due to untoward incidents during the operation or to postoperative complications. The mortality rate is high even in the hands of those who have performed a number of such operations, and it is likely that the rate is considerably higher when the procedure is carried out by those with less experience. In addition, unsuccessful cases are usually not reported. In this connection, the following question is raised by them: Might not a more conservative policy in instances in which there is no active external or internal bleeding bring a greater total of successful end results than if immediate operation were carried out? If the answer is yes, conservative management as described is indicated.

Four cases of stab wounds of the heart were reported by these authors. In all of these cases there was a favorable response following the administration of intravenous fluids. One patient recovered with this therapy alone. In 3 cases the response to pericardial aspiration was dramatic. In 1 of the 3, the patient was subjected to a pericardiotomy following aspiration. The pericardial sac contained one clot, and the wound of the heart was not bleeding. It would seem that aspiration alone would have accomplished the desired result.

Blau[2] of the Detroit Receiving Hospital studied 27 cases of penetrating wounds of the heart cared for from 1939 to 1944. Twenty-one patients were operated upon and 16 lived. Six patients were treated conservatively, 3 by pericardial aspiration, and 5 of these lived.

The nonoperative treatment is being employed frequently, and several cases other than those mentioned are described in the literature, but few series of cases have been reported.

In the last six months, 4 patients with stab wounds of the heart have been admitted to the Duval County Hospital. The nonoperative treatment was employed. All 4 patients recovered.

REPORT OF CASES

Case 1:—A 26 year old white woman was stabbed in the chest with an ice pick about two hours before admission. Following the incident, no ill effects were noted except slight precordial discomfort until an hour later when she fainted.

When examined in the emergency room, she was conscious but dyspneic and cyanotic. The skin was cold

and moist, and distention of the veins of the neck was present. In the fourth left intercostal space 2 inches from the midline was a small puncture wound which was bleeding slightly. The cardiac sounds were distant; the blood pressure could not be registered, and the pulse was not perceptible. Fluoroscopic examination of the chest revealed the outline of the heart to be rounded and motionless.

It was our opinion that there was a wound of the heart which had caused cardiac tamponade.

Plasma was given intravenously, and the blood pressure began to rise slowly until a level of 100/90 was reached. The pulse became easily palpable, but varied in strength with respiration, being much stronger at the end of expiration. Although the patient improved after 500 cc. of plasma was given, signs of tamponade were still present, namely, cyanosis, venous distention and a variable pulse.

Aspiration of the pericardium was carried out as described, and 40 cc. of dark blood was obtained, which did not clot. Cyanosis and venous distention disappeared. The blood pressure rose to 120/90, and the paradoxical pulse was no longer detectable. The patient was watched carefully for several hours, and no recurrence of tamponade was noted. Prophylactically, tetanus (1,500 units) and polyvalent gas gangrene antitoxin (2 cc.) and penicillin (20,000 units every three hours) were given. Residual precordial pain was experienced the following day, but it disappeared in a few hours. The patient was discharged after four days, at which time she was ambulatory.

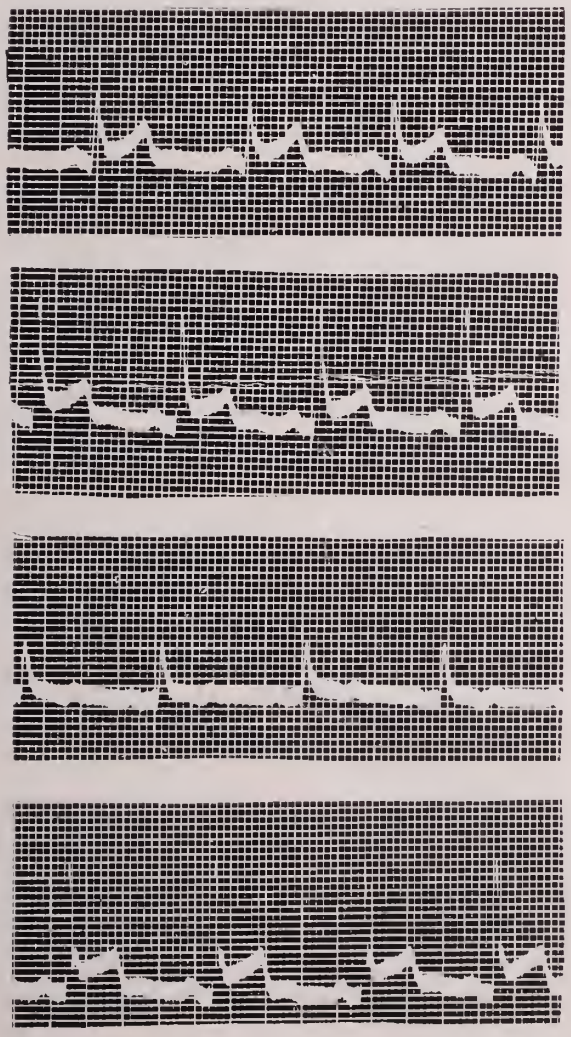


Fig. 1 The electrocardiographic tracings show slurring of the QRS complexes and elevated ST segments in leads I, II and IV. These changes are seen frequently with wounds of the heart resulting in hemopericardium.

Case 2.—A 30 year old Negro man was admitted to the emergency room two hours after he had been stabbed in the chest with a pocket knife. Immediately after the stabbing, he felt only slight pain and was able to walk, but in one hour he began to have severe precordial pain, weakness and great respiratory distress.

On examination it was noted that he was conscious but confused and weak. Dyspnea and cyanosis were pronounced, the veins of the neck were distended, and the skin was cold and moist. There was a stab wound over the apex of the heart, from which a small amount of blood came forth.

The cardiac sounds were somewhat impaired; the pulse was feeble and varied with respiration. The pulse rate was 80, and the blood pressure was 60/30. Fluoroscopic examination showed a rounded and motionless outline of the heart. Plasma was given intravenously, but only slight improvement was observed. External bleeding ceased, and pericardial aspiration was undertaken. Approximately 70 cc. of dark blood, which did not clot, was withdrawn from the pericardial sac. The blood pressure rose to 90/70 within thirty minutes. The pulse became strong, the paradoxical pulse disappeared, and the dyspnea and cyanosis were relieved. The improvement was permanent, and the patient was sent to the ward. Tetanus and gas gangrene antitoxin and penicillin were given as in the first case.

The following day an electrocardiogram was obtained which showed slurring of the QRS complexes and greatly elevated ST segments in leads I, II and IV. The impression given was one of acute pericarditis. A week later tracings showed the same changes, but to a lesser degree. The patient was discharged nine days following the injury, at which time he was asymptomatic.

Case 3.—A 22 year old Negro woman was stabbed in the chest with an ice pick about an hour before admission. On examination, it was noted that she was conscious, but the skin was cold and moist. There was a small puncture wound in the second interspace an inch from the left sternal border. Cardiac sounds were easily heard, and the heart rate was 80. The pulse was feeble, and the blood pressure could not be registered.

One thousand cubic centimeters of plasma was given intravenously with a rise of blood pressure to 90/60, but a paradoxical pulse was easily detectable, and the skin was cold and moist. Fluoroscopic examination of the heart showed no abnormality, but while the patient was sitting up, it was seen that the stab wound was actually over the base of the heart and not higher up and outside the cardiac area as was thought when the patient was lying on her back. Pericardial aspiration was attempted, and 10 cc. of blood, which failed to clot, was aspirated. The blood pressure rose to 100/80, but the variable pulse remained for several hours. The skin became warm, and there was subjective improvement. Tetanus and gas gangrene antitoxin and penicillin were given prophylactically. The following day an electrocardiogram was taken, which showed elevated ST segments in leads I and II and which was reported as suggesting acute pericarditis. Nine days later other tracings showed some change in the direction of normal.

On the eleventh hospital day the patient was discharged symptom-free and was ambulatory.

Case 4.—A 23 year old Negro man was brought to the emergency room about an hour after he had been stabbed several times with a pocket knife. He was heavily intoxicated.

At the time of examination, he was unconscious but restless. The veins of the neck were engorged, the skin cold and wet, and the mucous membranes cyanotic. The pulse rate was 120 and feeble; the blood pressure could

not be registered, and the cardiac sounds were considerably impaired. Respirations were shallow and rapid. Examination of the lungs revealed no abnormality.

At the left costal margin 2 inches from the midline was a slowly bleeding stab wound which, when probed, was found to extend superiorly and medially through the seventh intercostal space. There were three stab wounds of the left shoulder, which had bled to a considerable extent, and another stab wound in the midaxillary line in the left flank, which was not bleeding.

Over a period of forty-five minutes 500 cc. of plasma was given, and the blood pressure rose to 90/60. The pulse rate slowed to 90, but was definitely paradoxical in character. Engorgement of the veins of the neck was still present. Pericardial aspiration was undertaken, and 10 cc. of dark blood was obtained, which did not clot upon standing. No immediate change in the patient's condition was evident; hence an additional 500 cc. of plasma was given over a period of an hour. The blood pressure rose to 120/80. Venous distention decreased; the skin became warm; and the pulse became stronger, but was still slightly variable. Since the patient was out of immediate danger, he was sent to the ward. Prophylactically, tetanus and gas gangrene antitoxin and penicillin were given in the same doses as in the cases previously described.

An electrocardiogram the following day showed elevated ST segments in all leads. The impression given was one of acute pericarditis.

During the forty-eight hours following admission, the patient had several loose bowel movements which contained gross blood. The temperature was 100 F., but nothing else of significance was noted on examination. The patient stated that he had passed blood by rectum previous to admission. With the possibility of the wound in the left flank having penetrated the descending colon, an abdominal exploration was carried out under ether and nitrous oxide anesthesia. Except for a few small areas of ecchymosis in the abdominal wall lateral to the descending colon, no pathologic changes was present. The remainder of the patient's course in the hospital was uneventful. The bloody stools were thought to have been due to an acute colitis, the cause of which was never found. Stool cultures and examinations for ova and parasites were negative. Sulfadiazine (an initial dose of 4 Gm. and a maintenance dose of 1 Gm. every four hours) was given orally. The temperature became normal, and the blood disappeared from the stools.

An electrocardiogram five days following the first one showed similar changes but to a lesser degree. The patient was discharged on the eleventh hospital day asymptomatic and ambulatory.

For several weeks following discharge from the hospital, these 4 patients were seen in the outpatient clinic. They were asymptomatic and revealed no abnormal physical signs.

DISCUSSION

Morgagni,[2] in 1761, was the first to mention that a collection of blood in the pericardial cavity could compress the heart and embarrass the circulation. In 1884, Rose[3] developed the term, "herz tamponade," and showed that this condition primarily, apart from the effects of loss of blood or trauma, can be fatal. Early experiments by Cohnheim[3] and later experiments by Beck[3] and others have demonstrated the physiologic changes involved in cardiac tamponade. The rapid increase of intrapericardial pressure within a relatively inelastic pericardium causes a compression of the heart with a failure of its chambers to fill completely with blood. As a result, the venous pressure rises, the arterial pressure falls, and the heart rate increases. The clinical picture is one of shock with venous distention, cyanosis and dyspnea. Frequently, a pulse which is stronger on expiration than on inspiration is detectable. This phenomenon is called pulsus paradoxus or paradoxical pulse.

The removal of a small quantity of blood by aspiration releases the compression of the heart, and the circulation often is improved dramatically. The blood pressure rises; venous distention decreases; the pulse becomes perceptible, or the paradoxical pulse lessens; and cyanosis and dyspnea disappear. This improvement may be permanent if bleeding into the pericardial sac has ceased. If tamponade recurs, repeated aspirations, approximately fifteen minutes apart in order to allow time for closure of the wound of the heart by a clot, may be carried out. It should be realized, however, that the impaired circulation in cardiac tamponade and the resulting tissue anoxia can be tolerated only for a short length of time, probably about two hours, and that pericardiotomy and suture of the bleeding wound can be life-saving. Rapid recurrence of tamponade after aspiration indicates severe bleeding and the necessity of surgical intervention. In those cases in which there is active bleeding through the wall of the chest or into the pleural cavity, immediate operation is necessary to prevent fatal hemorrhage.

Mention might be made of the apparent benefit of giving fluids intravenously in cases of wounds of the heart with impaired circulation. It would seem that in cardiac tamponade, in which condition the venous pressure is elevated, intravenous infusions are contraindicated. The peripheral circulatory failure usually present is lessened, however, and this benefit probably outweighs any harm done.

SUMMARY

Four cases are reported in which cardiac tamponade due to wounds of the heart was successfully treated by pericardial aspiration and intravenous administration of fluids without recourse to pericardiotomy. It is our opinion that the mortality would be lower in those cases in which active external or internal hemorrhage is

not present if they were handled conservatively in this manner rather than by operation. Nine other cases in which recovery followed conservative measures have been collected from the literature.

BIBLIOGRAPHY

1. Blalock, A., and Ravitch, M. M.: Consideration of the Nonoperative Treatment of Cardiac Tamponade Resulting from Wounds of the Heart, Surgery 14: 157-162 (Aug.) 1943.
2. Blau, M. H.: Wounds of the Heart, Am. J. Med. Sc. 210; 252-262 (Aug.) 1945.
3. Beck, C. S.: Wounds of the Heart; Technic of Suture, Arch. Surg. 13: 205-227 (Aug.) 1926; Abstracted in Ann. M. History 6; 224-233 (Sept.) 1926.

ABSTRACTS OF MEDICAL ARTICLES

VETEBRA PLANA (CALVE) REPORT OF A CASE, MASSARO, A. F., TAMPA, RADIOLOGY, **45**: 284-291 (SEPT.) 1945.

The subject of Calve vertebra plana is reviewed, and a case is reported which amply illustrates its nature and cyclical course. This affection occurs in early childhood, and the etiology is unknown. The pathologic process is one of aseptic necrosis of the vertebral body.

The characteristic roentgen findings, which establish the diagnosis, are a wedge-shaped deformity of the vertebral body in the early phase with subsequent complete collapse or flattening, unaffected or wider than normal intervertebral spaces, regeneration of the vertebral body without proliferation of bone and involvement almost always of only one vertebral body. The destructive phase of the cycle is relatively rapid, requiring two or more months. The regenerative phase is greatly protracted, although adequate treatment by prolonged immobilization shortens it. In the case reported the first phase was complete in less than three months, but the slowly progressive second phase was followed for eleven years before complete regeneration was recently demonstrated.

In view of the few cases reported, it is suggested that the condition is probably not infrequently mistaken for tuberculosis of the spine or the so-called vertebral epiphysitis, an error comparable to that with regard to coxa plana before it was differentiated from tuberculosis of the hip.

HEMOGLOBIN VALUES FOR 2,205 RURAL SCHOOL CHILDREN IN FLORIDA, ABBOTT, O. D.; TOWNSEND, R. O., AND AHMANN, C. F., GAINESVILLE, AM. J. DIS. CHILD. **69**: 346-349 (JUNE) 1945.

An analysis is presented of the study of the mean hemoglobin values of 2,205 rural white school children 6 to 18 years of age living in Citrus, Levy, Lafayette, Marion and Alachua counties in Florida. The differences in values for girls and those for boys were slight up to the age of 12 years when the value for the boys was lower, presumably because of an undetermined local condition. It was again lower at the age of 17 when the mean values were for girls 11.74 and for boys 11.45 Gm. per hundred cubic centimeters. At the age of 18, however, the values for both sexes had dropped to preadolescent levels and were the same (10.87 Gm.). The fluctuations observed during adolescence were not considered statistically significant, but the small increase in the values for both sexes from the age of 6 years until puberty was deemed significant.

Approximately 22 per cent of the group were in the highest range (above 13.5 Gm.), 35 per cent in the subnormal range (11.4 to 13.6 Gm.) and slightly more than 42 per cent in the anemic range (3.6 to 11.4 Gm.). There was a tendency to lower hemoglobin values among the younger children, especially those in the anemic range.

From previous studies of the causes of the low hemoglobin values of Florida children and studies now in progress, the authors concluded that the low concentration of hemoglobin in rural children in several sections of the state is due for the most part to dietary deficiencies, of which lack of iron is the primary one.

DOUBLE UTERUS AND DOUBLE VAGINA, KILLINGER, R. R., AND MCEWEN, H. B., JACKSONVILLE, AM. J. OBST. & GYNEC. **51**: 121-124 (JAN.) 1946.

These authors report a case in which a double uterus and double vagina were demonstrated roentgenologically. They advocate simplification and uniformity of nomenclature relating to organic variants which are the result of lack of fusion of the Mullerian ducts and/or irregularities of canalization. Also, they suggest that these abnormalities of the female genital tract occur more frequently than is generally believed. They review the diagnostic signs and advise routine roentgen pelvimetry as an aid in diagnosis.

From Our President

FUNCTIONS OF THE FLORIDA MEDICAL ASSOCIATION

The primary function of the Association is the fostering of scientific information to its members through scientific programs. These programs are presented at the meetings of hospital staffs, component county societies and district organizations throughout the year, at the meetings of the specialty groups preceding the annual convention and at the annual session of the Association. All papers read at the annual meeting are published in the Journal, and those presented before the groups named, as well as others not read but of particular merit, may be published there. The annual Medical Postgraduate Course is also a valuable means of disseminating scientific knowledge. Thereby the lectures of distinguished physicians from all over the United States are made conveniently available to the membership.

Today's acute medical legislative and economic problems demand much of the time of the Board of Governors and many committees as they seek to determine what is best for the public welfare and for the protection of the practice of medicine. At every session the state legislature is confronted with many bills that are inimmical to the health of the people, and the vital function of protecting the public welfare naturally falls upon the Association.

The members have nothing to gain personally from the Medical Service Plan being put into operation by the Association in response to public demand. Nevertheless, since such a plan should certainly be operated and controlled by the profession rather than by politicians, it behooves every member to participate in this plan even though he may not personally care for this type of practice.

It is the Association's policy to cooperate in every way with the State Board of Health. Two members of this board are active in the Association at the present time.

Shaler Richardson

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FLORIDA'S POLIO SCARE AND GEORGIA'S MEDIEVAL QUARANTINE

This spring, when cases of polio began to develop in increasing numbers over the extreme southern portion of Florida and mothers throughout the state began to question whether the health authorities were telling them the whole truth, trouble began to breed.

To add materially to this trouble a news magazine with a wide circulation stated that Florida, with 126 cases, was the only state in which poliomyelitis had reached epidemic proportion—that is, 1 case per thousand population. A little simple arithmetic immediately shows that 126 cases in a state whose population is approximately 2,250,000 are not the equivalent of 1 case per thousand, but about 1 case per 18,000 population. Shortly after this article was published, Georgia's State Health Officer saw fit to quarantine against Florida.

Dr. Wilson T. Sowder, Florida's State Health Officer, at once sent telegrams to health authorities throughout the United States requesting their opinion of the quarantine. Typical of the replies received are the two opinions cited. Dr. Haven Emerson of Columbia University replied that state border quarantine to control poliomyelitis was demonstrated in New York thirty years ago as being useless and technically futile. Dr. Kenneth F. Maxey of Johns Hopkins University went so far as to say that on the basis of present day knowledge of transmission of poliomyelitis Georgia's quarantine was a "stupid, backward step in public health administration."

Dr. Sowder then presented the facts to the Georgia Health Officer showing first that polio was not epidemic except in extreme southern Florida and second that quarantine because of polio is not only ineffective but is next to impossible to administer. Georgia's Health Officer, in effect, refused to discuss the matter with Dr. Sowder over long distance telephone, and his reply, which sounded final, made it appear that he is not amenable to logic and reason.

Dr. Sowder's radio address over a national hook-up on the night of June 21 was factual, clear and impressive. Dr. Sowder is a gracious person as well as an unusually capable Health Officer, and he is to be congratulated in that he has kept the controversy on a relatively high plane and in that his attitude has been free from vindictiveness.

Of course, it does no good to remind the public that tuberculosis, diphtheria and many other diseases kill and maim more people each year than does polio. Fear and panic develop immediately when there is threat of infantile paralysis. Why? For the same reason that fear and panic occurred with the threat of yellow fever in bygone days. The cause of yellow fever and an effectual method of preventing its spread were not known. When the etiology and epidemiology of poliomyelitis become an open book, fear, panic and Georgia's medieval methods of quarantine all will disappear.

Webster Merritt.

DISTRICT MEDICAL MEETINGS

A meeting of the Council was held recently and the dates were officially set for the four meetings to be held this fall. The first meeting will be held Monday, October 28, at Pensacola; the second on Wednesday, October 30, at Gainesville; the third on Thursday, October 31, at St. Petersburg; and the fourth on Friday, November 1, at Ft. Lauderdale. The schedule of sessions at all the district meetings will be uniform. The scientific session will be from 2:30 to 4 p.m.; addresses by officers of the State Association from 4:15 to 5:30 p.m.; dinner or buffet supper at 6:30 p.m.

The essayists at the scientific sessions will be provided by the Association's Committee on Medical Postgraduate Course, of which Dr. T. Z. Cason is chairman. The District Medical Meetings have been very popular since their inception, and the members who attend the meetings this year will find the hour and a half devoted to scientific medicine of usual interest. It will also be their pleasure to meet the officers of the State Association and to hear brief addresses. The supper meeting at 6:30 p.m will be informal, and afford an excellent opportunity to make new acquaintances, renew old ones, and to discuss problems of interest with the officers and members.

At last year's District Medical Meetings, invitations from county medical societes were accepted to hold the meetings this fall at Pensacola, Gainesville, St. Petersburg and Ft. Lauderdale.

As Chairman of the Council, I wish to commend the Councilors who are serving this year for their interest in taking over their duties and responsibilities of their office. A record was made at the first meeting of the Councilors. There are eight Councilor Districts, and the Councilor from each district was present. With this splendid beginning, the District Medical Meetings in the fall should be well organized and of exceptional interest.

The Councilors who attended the first meeting were Drs. W. C. Roberts, 1-A; G. W. Brown, 2-A; V. A. Lockwood, 3-B; C. McK. Tyre, 4-B; W. W. Jones, 5-C; J. R. Boulware, 6-C; A. M. Sample, 7-D; E. M. Hendricks 8-D.

Herbert E. White
Chairman of Council

SOUTHERN MEDICAL ASSOCIATION TO MEET IN MIAMI

For the first time in almost two decades, the Southern Medical Association will meet this year on the beautiful shores of Biscayne Bay, from November 4 to 7.

With the resumption of free travel, curtailed by war restrictions for the last five years, a large number of weary and overworked Southern physicians are expected to come and bring their families with them.

Incentives to attend will consist not only of the urge to travel, which so well characterizes the American and which has been forced to remain "put" for so long, but also of many special features added to the natural enchantments offered by the Miamis and their sister cities. Among the special features already being arranged for the entertainment of those attending will be a postconvention tour to Cuba. If only half as successful as the 1936 convention trip of the Florida Medical Association it will still be something to enjoy and to remember for many a year.

Committees in charge of local arrangements have been appointed and are already enthusiastically busy, preparing to make this the biggest and the best convention in the history of the S. M. A.

Mark your calendar: In Miami, November 4 to 7, 1946.—H. L. P.

MEDICAL PRACTICE ACT VIOLATIONS

Last year 8 arrests were made for violations of the Medical Practice Act. Aggregate sentences imposed by the courts were eight years and eight days; aggregated fines imposed amounted to $1,150. Three defendants received suspended sentences, and 1 was placed on probation. There were 58 violations corrected without legal action.

This information is taken from the annual report of Mr. M. H. Doss, Director of the State Bureau of Narcotics of the Florida State Board of Health. Mr. Doss also reports that the Bureau of Narcotics is charged with enforcement of all narcotic, medical and pharmacy laws of the state. The service rendered the citizens of Florida through the activity of this department of the State Board of Health is highly commendable.

FEDERAL PROCUREMENT AND ASSIGNMENT SERVICE TERMINATED

A letter dated June 10, 1946, received from Dr. Frank H. Lahey, stated that for practical purposes the functions of the Procurement and Assignment Service have been terminated and the activities of the several state offices brought to a close.

This communication pointed out that the success of the program in meeting the needs of the armed forces without sacrificing the civilian population may be attributed directly to the patient and timeless devotion of many State Committees and countless local advisers. Many of these Committeemen and advisers are unknown to the Directing Board, except through the results of their efforts, and it would obviously not be practicable to undertake to communicate with them.

Dr. Lahey further stated that a letter had been written to each State Chairman expressing the appreciation of the Directing Board to all the State and local representatives whose full cooperation was essential to the ultimate achievement. The Directing Board, at its final meeting on May 17, 1946, resolved that the untiring efforts, kind tolerance and successful accomplishment of these State Committee members and local advisers be commended to the appropriate professional State Society for suitable recognition by the Society.

Dr. Edward Jelks, Jacksonville, served as chairman of the Florida Medical Association's committee. Other members were Dr. Shaler Richardson, vice-chairman, Dr. J. C. Dickinson, Dr. Walter C. Jones, Dr. Eugene G. Peek and Dr. Carol C. Webb. This committee deserves the highest commendation for the splendid service it rendered. Particular mention should be made of the efforts of Dr. Edward Jelks who, at great personal sacrifice, worked untiringly with the Procurement and Assignment Service.

Robert B. McIver, M.D.

MEDICAL SERVICE OFFICERS

Dr. Leigh F. Robinson of Ft. Lauderdale was elected president of the Florida Medical Service Corporation at the annual meeting held in Jacksonville, June 20; other officers were Dr. Walter C. Jones of Miami, first vice president; Sister Loretta Mary of Tampa, second vice president; Dr. Herbert E. White of St. Augustine, secretary; Dr. Frederick J. Waas of Jacksonville, treasurer; and Dr. Edward Jelks of Jacksonville, assistant treasurer.

All officers are members of the Board of Directors which also includes Drs. W. C. Payne, Pensacola, J. H. Pound, Tallahassee, Eugene G. Peek, Ocala, Duncan McEwan, Orlando, Wm. M. Rowlett, Tampa, Herman Watson, Lakeland, John R. Boling, Tampa; Marion T. Gaines of Pensacola, W. E. Arnold, superintendent of St. Luke's Hospital, Jacksonville; C. DeWitt Miller, superintendent of Orange General Hospital, Orlando; Mrs. Mildred White Wells, editor of the Florida Clubwoman, DeLand, and Adm. C. D. Leffler of Miami.

General offices for the Florida Medical Service Corporation are located in Jacksonville and H. A. Cross is the Executive Director.

VOCATIONAL REHABILITATION SERVICE

Because of the lead that the Vocational Rehabilitation Service in Forida has taken in the physical rehabilitation of handicapped civilians in order to make them economically self-supporting, members of the Florida Medical Association will no doubt be interested in the report on "Rehabilitation" made by R. L. Sensenich, Chairman of the Board of Trustees of the American Medical Association, in the June 1, 1946 issue of the Journal of the American Medical Association. The report reads:

> The Council on Industrial Health is of the opinion that rehabilitation is a preeminent medical problem and likely to continue as such for many years to come. Although the policies of many official and unofficial groups in this field are relatively uniform, the Council has attempted to represent the medical point of view in all discussions dealing with this large field. The attitude expressed has been that physical restoration is the fundamental principle in the rehabilitation of the crippled and disabled and that these services can be adequately carried out only under medical direction and supervision.
>
> Other aspects of the problem, notably vocational training and placement, are important but must rest fundamentally on the best possible medical reduction of the disability. It is felt that the medical profession on the whole is not entirely conversant with the size and urgency of the rehabilitation problem and the Council expects, therefore, to give more and more attention to reviewing this whole field and medicine's place in it, to educating the profession about current trends and methods, to maintaining a clearing house of information, to fostering effective state relations, to maintaining proper contact with official and voluntary agencies and to working closely in this field with other official groups in the American Medical Association.

Some 400 persons in Florida with static disabilities have had their defects removed or substantially remedied by the Florida medical profession at an average cost to the Vocational Rehabilitation Service of $214 each.

Meredith Mallory, M.D.
State Medical Consultant Vocational Rehabilitation

MEDICAL POSTGRADUATE COURSE

The fourteenth annual graduate short course for doctors of medicine was held in Jacksonville June 17-22, 1946. The total registration was 170, as compared with 202 for last year. The registration of 202 last year exceeded that of any other year since the graduate short course was instituted, fourteen years ago. The second largest attendance was 195 in 1942. The lectures presented by outstanding faculty members were unusually interesting.

Dr. T. Z. Cason, chairman of the Association's Committee on Medical Postgraduate Course, with the cooperation of his committee members, the Department of Medicine of the Graduate School of the University of Florida, and the State Board of Health, has been untiring in his efforts to bring to the practitioners of Florida the best material available. In order that arrangements for next year's session may be planned to the best interest of all concerned, suggestions and constructive criticisms are solicited from all who are interested.

The official report on this year's graduate short course will be presented at the next meeting of the House of Delegates of the Florida Medical Association by Dr. T. Z. Cason, chairman of the committee.

REGISTRATION

The total registration during the fourteenth annual graduate short course for doctors of medicine, held in Jacksonville, June 17 through 22, was 170. Of this number 147 paid the $5 registration fee. Members numbered 122; members with the armed forces, 0; other physicians with the armed forces, 3; other physicians, 18; interns, 4; Negro physicians, 23.

FACULTY

Medicine—Dr. W. A. Sodeman, Professor and Head of Department of Preventive Medicine, Tulane University of Lousiana, New Orleans, La.

Surgery— Dr. W. F. Rienhoff, Jr., Associate Professor of Surgery, The Johns Hopkins University, Baltimore, Md.

Pediatrics—Dr. Joseph Yampolsky, Associate Professor of Pediatrics, Emory University Medical School, Atlanta, Ga.

Obstetrics— Dr. S. A. Cosgrove, Clinical Professor of Obstetrics, Columbia University Medical School, Jersey City, N. J.

Gynecology—Dr. Clarence D. Davis, Assistant Professor of Endocrinology, Duke University School of Medicine, Durham, N. C.

Venereal Diseases—S. A. Surgeon John C. Cutler, Venereal Disease Research Laboratory, U. S. Marine Hospital, Staten Island, N. Y.

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Arcadia: C. H. Kirkpatrick, J. A. Simmons. *Belle Glade:* William J. Buck. *Bradenton:* M. M. Harrison. *Bunnell:* J. E. Rose. *Crystal River:* W. B. Moon. *Daytona Beach*: L. von Mysenbug. *Dunedin*: H. E. Winchester. *Eustis*: Louis R. Bowen, C. McK. Tyre, R. H. Williams. *Ft. Lauderdale*: R. L. Elliston, Richard A. Mills, C. A. Peterson, Alva Richard Taylor. *Ft. Pierce:* M. D. Council, L. L. Whiddon. *Gainesville:* C. F. Ahmann, John E. Maines, Jr., W. C. Thomas. *Grandin:* James W. Brantley. *Greensboro:* O. W. Gardner. *Havana:* J. W. Sapp. *Hollywood:* Rudolph W. Heath. *Inverness:* Claude L. Carter. *Jacksonville:* Mark E. Adams, C. E. Aucremann, Henry J. Babers, Sr., D. M. Baldwin, Fred M. Burdette, Chas. A. Bohrer, James L. Borland, Fred Hardy Bowen, J. M. Bryant, Cornelia Morse Carithers, Hugh A. Carithers, T. Z. Cason, Joseph L. Chilli, Russell H. Dean, S. E. Driskell, Henry M. Dux, L. Y. Dyrenforth, James V. Freeman, Leonard Gartin, L. E. Geeslin, Banks H. Goodale, Henry Hanson, Karl Hanson, O. E. Harrell, Wm. G. Harris, D. F. Harwell, L. W. Holloway, Phillip W. Horn, Edward Jelks, C. W. Johnston, Janet Leser, Louie Limbaugh, Joseph J. Lowenthal, Frank McCall, R. H. McGinnis, Robt. B. McIver, Charlie Mabry, Paul F. Maness, Lillian C. Mark, Lucille J. Marsh, Webster Merritt, Kenneth Morris, S. R. Norris, Harry A Peyton, Harper L. Proctor, Ferdinand Richards, J. J. Richardson, E. T. Sellers, Eugene D. Simmons, Lauren M. Sompayrac, Walker Stamps, I. J. Strumpf, W. C. Sumner, E. C. Swift, H. Marshall Taylor, L. V. Tyler, E. W. Veal, F. J. Waas, Ashbel C. Williams, Richard A. Worsham, Robt. S. Wynn. *Lake City:* L. J. Arnold, R. B. Harkness, Harry S. Howell. *Live Oak*: J. M. Price. *McIntosh*: J. L. Strange. *Mandarin*: A. S. Morrow.

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FROM MY POINT OF VIEW

"Two and two make four." This well known and often used phrase is so old that it is taken at its face value without qualification and is used in places where it is not applicable.

Two and two *like* things make four. But two and two *unlike* things do not make four *like* things. It is therefore necessary to be certain one knows what constitutes both twos before he can apply that formula.

Thus, a patient stated to me, "Milk is causing my headaches." "How do you know that?" I inquired. "Simple," he replied. "I drank a glass of milk and had a headache an hour later. Two and two make four, you know."

He went further: "I cured my hives with a dose of salts." "How," I asked, "do you know that the salt cured them?" "Same way," he returned. "I took the salts, and within three days the hives were gone. Proof positive! Again I say, two and two make four."

Now, the patient with the headache had assumed, in the first instance, that the milk equaled his first two and his sensitivity to it was his second two; the result, a headache, totalled four. If this were true mathematically, by just removing one two (the milk) no four (a headache) would result. This he did. He had no headache for three weeks and was convinced the milk had been the cause. But then the headaches returned full force, even on a milk-free diet. It was therefore obvious that the milk did not make the entire first two—something else was necessary in there.

His trouble being a true migraine, the emotional factors were discovered, to a large extent adjusted, and the headaches gradually faded away. But in spite of this improvement, and in the face of a negative intradermal test to milk, his phobia to milk persisted, and a frontal headache developed after he tried a glass of milk.

His second assumption regarding the hives worked out the same way. Relying on the salts as a cure, he stopped taking his regular physics containing phenolphthalein. Since that drug was, in his case, the cause of the hives, they just naturally disappeared.

I cite this case to emphasize the difficulties encountered in the proper evaluation of old and new remedies for disease, particularly acute diseases. The use of this two-plus-two-equals-four snap judgment by the laity is extremely widespread. As a result, the bigger proportion of a physician's day is spent trying to correct these assumptions.

Some commercial drug houses ignore certain factors making up the twos in order to sell their wares. Others, and honest ones, find that the laity, the press and often some physicians do likewise in spite of their warnings, and the results are the same.

It becomes increasingly obvious, therefore, that a great deal of logical thinking, painstaking work and real scientific, controlled experiments are necessary to determine the factors in the medical twos and twos before one can with any certainty add up to four. To expect many laymen to use this method is wishful thinking, but one can and should expect trained physicians to employ it even though the accusation of ultraconservatism is made as a result. Let us bear in mind that true progress is rarely the result of jumping to conclusions.

F. C. Metzger, M.D.

MEDICAL OFFICERS RETURNED

Dr. C. Jennings Derrick, who entered military service on March 1, 1941, received his discharge on Aug. 6, 1946. His address is West Palm Beach. He held the rank of Lt. Colonel.

Dr. Theodore McK. Trousdale, who entered military service on Sept. 8, 1942, received his discharge on April 27, 1946. His address is 205 Florida Theatre Building, Sarasota. He held the rank of Major.

Dr. Norval M. Marr, who entered military service on March 16, 1942, received his discharge on May 11, 1946. His address is Forida Power Building, St. Petersburg. He held the rank of Captain in the Navy.

Dr. Robert B. Mertz, who entered military service on June 28, 1942, received his discharge on Feb. 13, 1946. His address is 513 Professional Bldg., St. Petersburg. He held the rank of Major.

Dr. Bernard T. Bell, who entered military service on March 1, 1943, received his discharge on May 7, 1946. His address is 227 Aragon Ave., Coral Gables. He held the rank of Lieutenant.

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Dr. Lynn Fort, Jr., who entered military service May 13, 1942, received his discharge on Feb. 6, 1946. His address is 1004 Comeau Building, West Palm Beach. He held the rank of Lt. Commander.

Dr. Russell D. D. Hoover, who entered military service on Aug. 14, 1942, received his discharge on April 12, 1946. His address is 224 Datura St., West Palm Beach. He held the rank of Captain in the Army.

Dr. Cecil M. Peek, who entered military service on March 7, 1944, received his discharge on April 14, 1946. His address is 535 S. Flagler Drive, West Palm Beach. He held the rank of Captain in the Army.

Dr. Hollis F. Garrard, who entered military service on Aug. 5, 1942, received his discharge on March 17, 1946. His address is 9602 Hoxie Ave., Chicago. He held the rank of Lt. Commander.

Dr. Kenneth S. Whitmer, who entered military service on June 6, 1942, received his discharge on Feb. 6, 1946. His address is 711 DuPont Building, Miami 32. He held the rank of Captain in the Army.

Dr. Wesley W. Wilson, who entered military service on Aug. 3, 1944, received his discharge on May 21, 1946. His address is 215 N. Boulevard, Tampa 6. He held the rank of Captain in the Army.

Dr. John P. Gifford, who entered military service July 15, 1941, received his discharge on Dec. 23, 1945. His address is Vero Beach. He held the rank of Major.

Dr. Leon H. Martin, who entered military service on July 27, 1942, received his discharge on Dec. 30, 1945. His address is 400 Georgia Ave., Fort Pierce. He held the rank of Major.

Dr. James E. Thompson, who entered military service on April 7, 1942, received his discharge on Jan. 10, 1946. His address is 1st Nat. Bk. Building, Tarpon Springs. He held the rank of Major.



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Dr. Spencer Howell, who entered military service on Oct. 12, 1942, was retired because of wounds, June 1, 1946. His address is 908 Huntington Building, Miami, 32. He held the rank of Captain in the Army.

Dr. William W. Trice, Jr., who entered military service on June 8, 1942, received his discharge on March 13, 1946. His address is 5912½ Prytania St., New Orleans, 15, La. He held the rank of Major.

Dr. George W. Edwards, II, who entered military service July 1, 1942 received his discharge on February 21, 1946. His address is City Hall, Orlando. He held the rank of Captain in the Army.

Dr. Benjamin Glaser, who entered military service July 27, 1942, received his discharge on June 29, 1946. His address is 715 So. Orange Avenue, Orlando. He held the rank of Lt. Colonel.

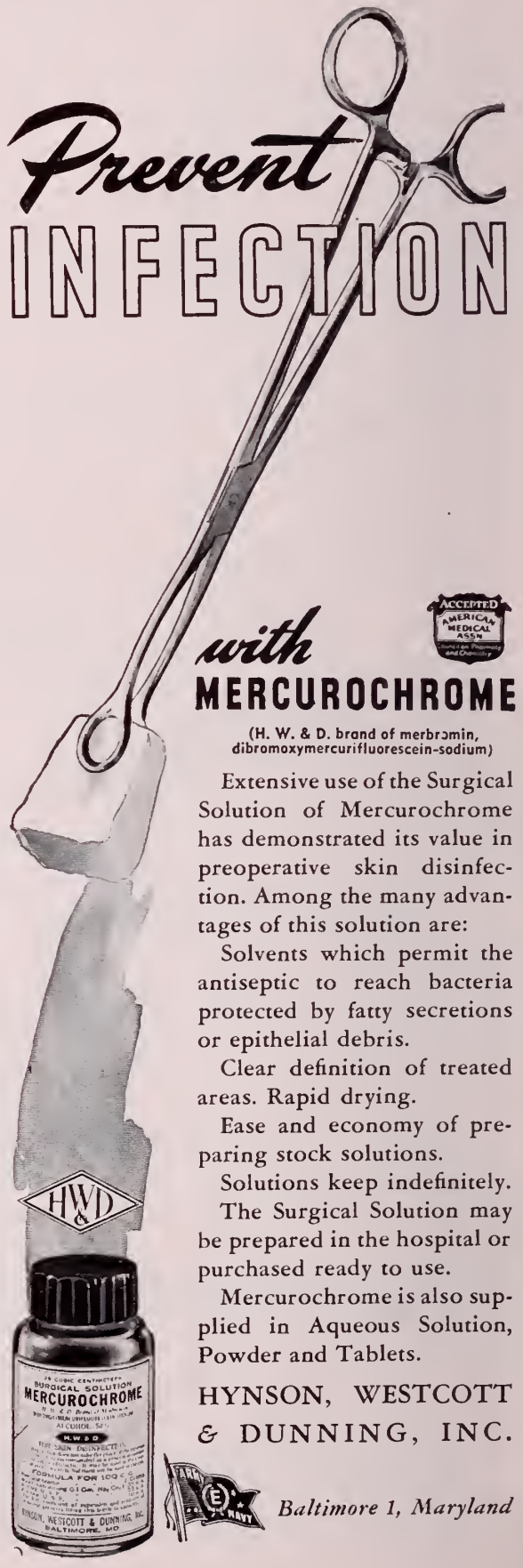
Dr. Daniel Green, who entered military service June 15, 1941, received his discharge on December 7, 1945. His address is King County Hospital, Seattle 4, Washington. He held the rank of Lt. Colonel.

Dr. Robert E. Thompson, who entered military service July 6, 1942, received his discharge on July 5, 1946. His address is Holder Bldg., Ocala. He held the rank of Major.

Dr. Alphonsus M. McCarthy, who entered military service December 10, 1940, received his discharge on January 19, 1946. His address is 210 Volusia Avenue, Daytona Beach. He held the rank of Colonel.

Dr. Andrew L. Laurie, who entered military service May 15, 1942, received his discharge on July 24, 1945. His address is Box 277, Mount Dora. He held the rank of Major.

Dr. Thomas C. Kenaston, who entered military service on April 10, 1944, received his discharge April 10, 1946. His address is Cocoa. He held the rank of Lt. Commander.



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1. Lehr, D.: Proc. Soc. Exper. Biol. & Med. 58:11, 1945.
2. Lehr, D.: In press.

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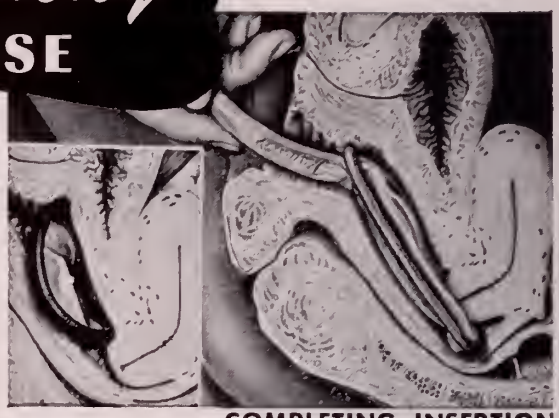
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(Goldman and Markham: Jl. Clin. Endocrin., 2: 237, 1942.)

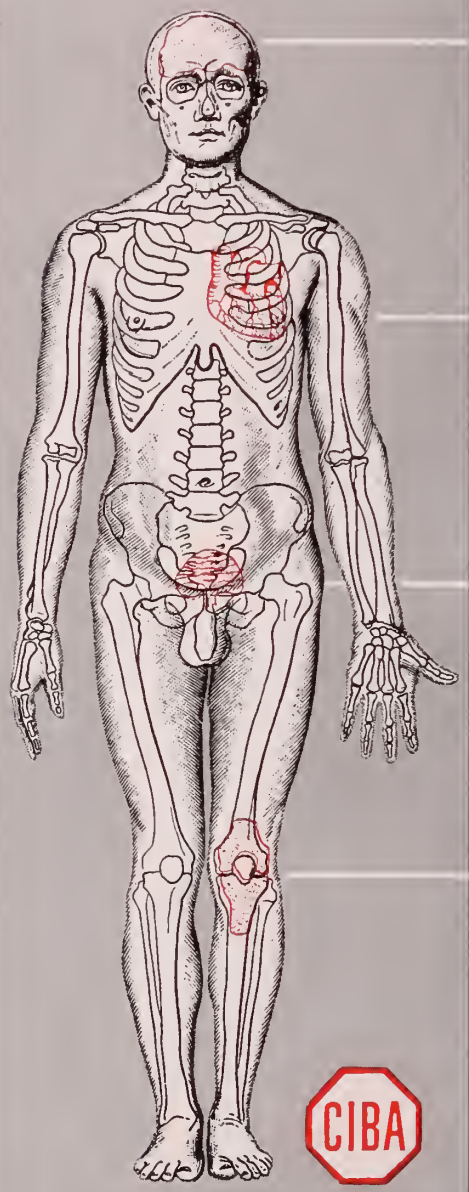
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REFERENCES: 1. Goldman, S. F., and Markham, J. J.: Jl. Clin. Endocrin., 2: 237, 1942. – 2. McGavack, T. H.: Jl. Clin. Endocrin., 3: 71, 1943. – 3. Douglas, R. J.: Jl. of Urol., 45: 404, 1941. – 4. Heller, C. G., and Myers, G. B.: Jl. Clin. Inv., 21: 622, 1942. – 5. Werner, A. A.: Urol., 49: 872, 1943. – 6. Lisser, H., and Curtis, L. E.: Jl. Clin. Endocrin., 3: 389, 1943.

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Dr. J. Ellis Lanier, who entered military service on August 23, 1943, received his discharge on June 27, 1946. His address is 3892 Pinegrove Circle, Jacksonville. He held the rank of Lieutenant, Senior Grade.

STATE NEWS ITEMS

The following members of the Association took special work at the New York Post-Graduate Medical School during the year which ended June 30 1946:

Edgar Austin,	Plant City	Electrocardiography
Herman Boughton	Miami Beach	General Surgery
Arthur Brill	Hollywood	Dermatology & Syphilology
Andre A. Cueto	Ft. Lauderdale	Physiology
Elmo D. French	Miami	Derm. & Syph.
Milton M. Greenberg	Miami Beach	Allergy
John V. McMackin	Miami	Anomalies of Ocular Muscles & Surg. of Eye
Charles B. Mabry	Jacksonville	Orthopedic Surgery
Pleasant L. Moon	Orlando	Electrocardiography
H. Alfred Philips	Miami Beach	Electrocardiography
James H. Putman	Miami	Internal Medicine
Harold Rand	Miami	Internal Medicine
John P. Rowell	St. Petersburg	Physiology & Gastro.
Lauren Sompayrac	Jacksonville	Derm. & Syph.
Sidney Stillman	Jacksonville	Int. Med., Clin. Allergy, & Electrocard.
Wesley W. Wilson	Tampa	Derm. & Syph.

Dr. W. W. Trice, Jr., Tampa, is at Ochsner Clinic, New Orleans, and expects to remain for about three years to train for a fellowship in internal medicine before returning to Tampa to practice.

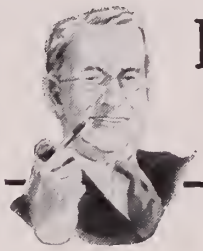
Dr. Wesley W. Wilson, Tampa, has opened offices at 215 N. Boulevard, Suite 1, and will limit his practice to dermatology and syphilology.

Dr. Meredith Mallory, Orlando, was awarded an honorary degree of Doctor of Science at the Commencement Day Exercises at Rollins College, June 5.

Dr. John R. Boling, Tampa, was guest speaker at the local Rotary Club on June 1. He discussed the Murray-Wagner-Dingell bill.

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Reminds you of all the excuses human beings use to cover up bad judgment. Like the "two-beer alibi." When somebody gets into trouble, and blames it on "a couple of beers," you can be mighty sure they are covering up the truth. From where I sit, sensible folks realize that a moderate beverage like beer is a better way of keeping out of trouble, than getting into it.

Joe Marsh

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MARRIAGES AND DEATHS

MARRIAGES

Mr. Henry Thomas Parr and Dr. Grace R. Whitford of Ozona were married on June 1, 1946.

Mr. John Davis Graham of Buffalo, N. Y., and Dr. Janet Leser of Jacksonville, were married on June 3, 1946.

DEATHS—MEMBERS

Dr. Matthew H. DePass, Gainesville—June 7, 1946.
Dr. Hartley E. Boorom, Sebring—June 14, 1946

OTHER DOCTORS

Dr. Samuel Meredith Strong, Flushing, N. Y.—Feb. 2, 1946
Dr. Cornelius M. Thompson, Jacksonville—1944

COMPONENT COUNTY SOCIETIES

DADE

The regular meeting of the Dade County Medical Society was held at the Jackson Memorial Hospital on Tuesday, July 2, at 8:30 p.m.

Dr. Julien A. Rickles presented a paper on "Diagnosis and Treatment of Surgical Lesions of the Lung," which was discussed by Dr. M. Jay Flipse and Dr. Joseph Stewart.

DESOTO—HARDEE—HIGHLANDS—CHARLOTTE—GLADES

At the June meeting which was held June 11, two papers were read by guests essayists: "The Diagnosis and Treatment of Gallbladder Conditions," by Dr. Leland F. Carlton and "Roentgen Diagnosis of Gallbladder Conditions," by Dr. Charles M. Gray. These papers were very interesting and the guest essayists were given a hearty vote of thanks.

PINELLAS

The Pinellas County Medical Society held its regular monthly dinner meeting at the Essex House at 6 p.m., on June 6. Dr. A. M. Feaster presided.

Dr. H. R. Cushman presented a paper on "Some Aspects of Streptomycin;" a Motion Picture on "Oxygen Therapy" was also shown.

A Round Table Assembly was held on May 17, at the home of Dr. C. L. Farrington, who acted as moderator.

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BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

PNEUMOPERITONEUM TREATMENT, Banyai, Andrew Ladislaus, M.D., F,A,C,P., F.C.C.P., 376 pages with 74 illustrations. St. Louis, The C. V. Mosby Company, 1946. Price $6.50.

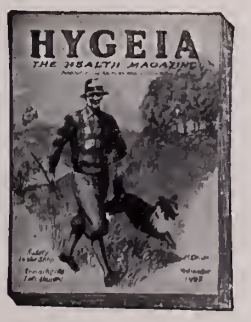
The author describes the technic of pneumoperitoneum and the various sites of injection. The injections, which, according to the author, carry no allied danger, consist of approximately 500 to 600 cc. of air, repeated twice weekly in the beginning and every two weeks later on. Refills up to 1.000 cc. of air are given in cases in which an elevation of the diaphragm is desired. The mean diminution of the vital capacity during treatment is about 12.5 per cent. A moderate visceroptosis (downward and posteriorly) of the spleen and liver occurs after artificial pneumoperitoneum treatments. Danger of air embolism is remote, and spontaneous recovery following symptoms is almost constant. The danger of accidental pneumothorax following the subdiphragmatic route is explained. Mediastinal emphysema has occurred as a complication in 7 instances of artificial pneumoperitoneum according to the statistics given.

The author dedicates about 250 pages to the chapters on therapeutic application of pneumoperitoneum. He gives a thorough explanation and advocates the use of pneumoperitoneum in the treatment of certain conditions, such as tuberculous peritonitis and enterocolitis. He also claims encouraging results in pulmonary tuberculosis, bronchiectasis and pulmonary emphysema.

The author is to be congratulated on his unique, thorough and concise study on the value of the pneumoperitoneum treatment. This method of therapy is becoming more promising and important each day.

H. L. P.

THE CARE OF THE AGED (GERIATRICS). By Malford W. Thewlis, M. D., attending specialist, general medicine, U. S. Public Health Hospitals, New York City; special consultant, Rhode Island Department of Public Health. Additional recent material has been incorporated in this fifth edition. The volume deals with the practical clinical problems of the aged, observed over a period of thirty-four years of clinical work. Cloth. Pp. 500, with 65 illustrations. St. Louis: C. V. Mosby Company, 1946.



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IN MEMORIAM

MRS. MINNIE ROSS COPELAND

We pay tribute to one of our members; one who walked shoulder to shoulder with us for years; one whom we loved, and one who loved us; one whose beautiful Christian character left its imprint on all. No words could exaggerate the usefulness of her life because she made the world a better place in which to live. She was one who is best described in the words of the poet: "A perfect woman, nobly planned, to warm, to comfort and command."

Minnie Ross Copeland, wife of Dr. S. M. Copeland, passed away on May 9, 1946. She was a woman of personal beauty and mental attainments, with a balanced temperament, generous sympathy and a capacity for action that made her a distinct asset to the religious, civic and social life of Jacksonville.

She was honored with many offices in the Woman's Auxiliary to the Florida Medical Association, serving the state once as an able president, and she was the president of the Duval County Auxiliary at the time of her passing. She gave to these organizations her clear vision, her courage, her convincing logic and her ability to succeed.

Rich beyond words is the heritage she left her children.

So did this dear one slip away, vitally alive to the end, giving freely of herself to the work she loved and leaving behind as a benediction the inspiration of a life well spent, shining forever in our memory.



Mrs. Copeland

They are not dead whom we softly call,
They are not dead for whom our sad tears fall,
They are with God—and God is over all.

Mrs. C. D. Rollins.

RESOLUTIONS

WHEREAS, Almighty God in His infinite wisdom has seen fit to remove from our midst a dear and cherished friend, Minnie Ross Copeland,

WHEREAS, Mrs. Copeland served with great efficiency as county president of the Woman's Auxiliary to the Duval County Medical Society, and for two years as president of the Woman's Auxiliary to the Florida Medical Association,

WHEREAS, she was the original state chairman of the Woman's Field Army for the Control of Cancer, and through her efforts this organization survived its first hardest years, now to be recognized as a thriving, growing organization and serving the useful purpose for which it was intended,

WHEREAS, sincerely loved by her friends and respected by all, she took a keen interest in all civic, philanthropic and religious matters, giving unstintingly of her time and in her daily life demonstrating the practice of the religion that meant so much to her,

NOW THEREFORE BE IT RESOLVED, That we who loved Minnie Copeland will ever cherish her memory, that her splendid record as a Christian mother and an untiring member of our auxiliary will always be remembered by us, her co-workers;

BE IT FURTHER RESOLVED, That we express our deep sense of loss to the family who have suffered an irreparable loss, and likewise give heartfelt expression of sympathy to the bereaved members of her family; and

BE IT FURTHER RESOLVED, That a copy of these resolutions be sent to the family and to the press, and be recorded with an In Memoriam on the Auxiliary page of the Journal, which she edited for six years.

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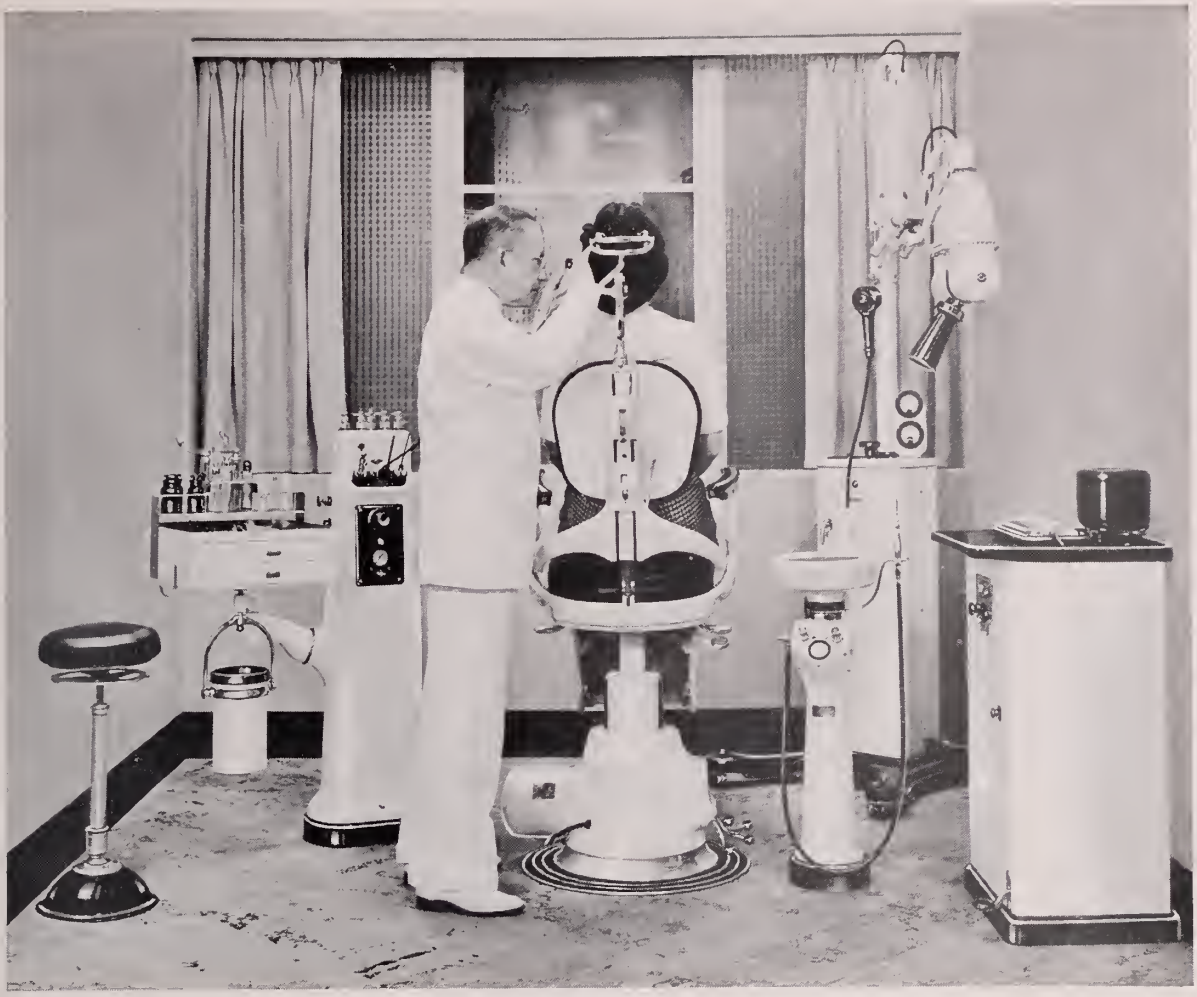
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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
la Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, 1947
la Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	Pensacola, Oct. 28, 1946
Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	Gainesville, Oct. 30, 1946
outhwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	St. Petersburg, Oct. 31, 1946
outheast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	Ft. Lauderdale, Nov. 1, 1946
can Medical Association	Herman L. Kretschmer, Chicago	Geo. F. Lull, Chicago	San Francisco, July 1-5, 1946
ern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Miami, Nov. 4-7, 1946
ma Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
ia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
a—			
ion, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
ic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	
ıtal Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	Palm Bch., Nov. 11-13, 1946
m. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
t Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
lth Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
pital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
spital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
ustrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, 1947
lical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, Nov. 26, 27, 1946
lical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
lical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Mr. H. A. Cross, Jacksonville	
ses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
ıthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
hological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
iatric Society	Councill C. Rudolph, St. Petersburg	James R. Boulware, Lakeland	Miami, 1947
rmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, 1947
lic Health Association	George A. Dame, Jacksonville	E. M. L'Engle, Jacksonville	Miami, 1946
liological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
erculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
ahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
ec. Am. Cong. Phys. Ther.	John J. McQuire, Pensacola	Kenneth Phillips, Miami	
Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Gulfport, Miss., 1947
eastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12	10	
	Escambia *Santa Rosa	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	50	47	A-1-48 Wm. C. Roberts, M.D. Panama City
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5	100%	
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	15	12	A-2-47 G. Wilmot Brown, M.D Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. 1232 N. Monroe St. Tallahassee	Quarterly 8:00 P.M.	37	33	
	Madison-Suwannee	Eustace Long, M.D Madison	E. D. Thorpe, M.D. Madison		9	100%	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M	4	100%	
	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	29	24	B-3-48 Vernon A. Lockwood M.D. St. Augustine
	Duval *Clay	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M	210	201	
	Marion *Levy	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	28	100%	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	9	100%	
	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	14	12	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	12	11	B-4-47 C. McK. Tyre, M.D. Eustis
	Lake *Sumter	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M	17	100%	
	Orange *Osceola	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P M	107	100%	
	Seminole	Orville L. Barks, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M	13	100%	
	Volusia *Flagler	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M	46	43	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M	126	100%	C-5-47 W. Wardlaw Jones, M.D Dade City
	Manatee	Willett E. Wentzel, M.D Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M	12	100%	
	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	12	100%	
	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	130	129	
	Sarasota	Stanley T. Martin, M.D. Box 551 Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	22	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		21	100%	C-6-48 James R. Boulware, M.D. Lakeland
	Lee *Collier, Hendry	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	18	
	Polk	Benjamin J. Bond, M.D. Coker Building Winter Haven	Edgar Watson, M.D Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	69	65	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D 410 Citizens Bldg. W. Palm Beach	3rd Monday 8:00 P. M.	73	100%	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M	17	15	
	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 314 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M	54	52	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P M	370	332	
	Monroe	James B. Parramore, M.D 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	9	

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IN THIS ISSUE

Peripheral Vascular Disease
George D. Lilly

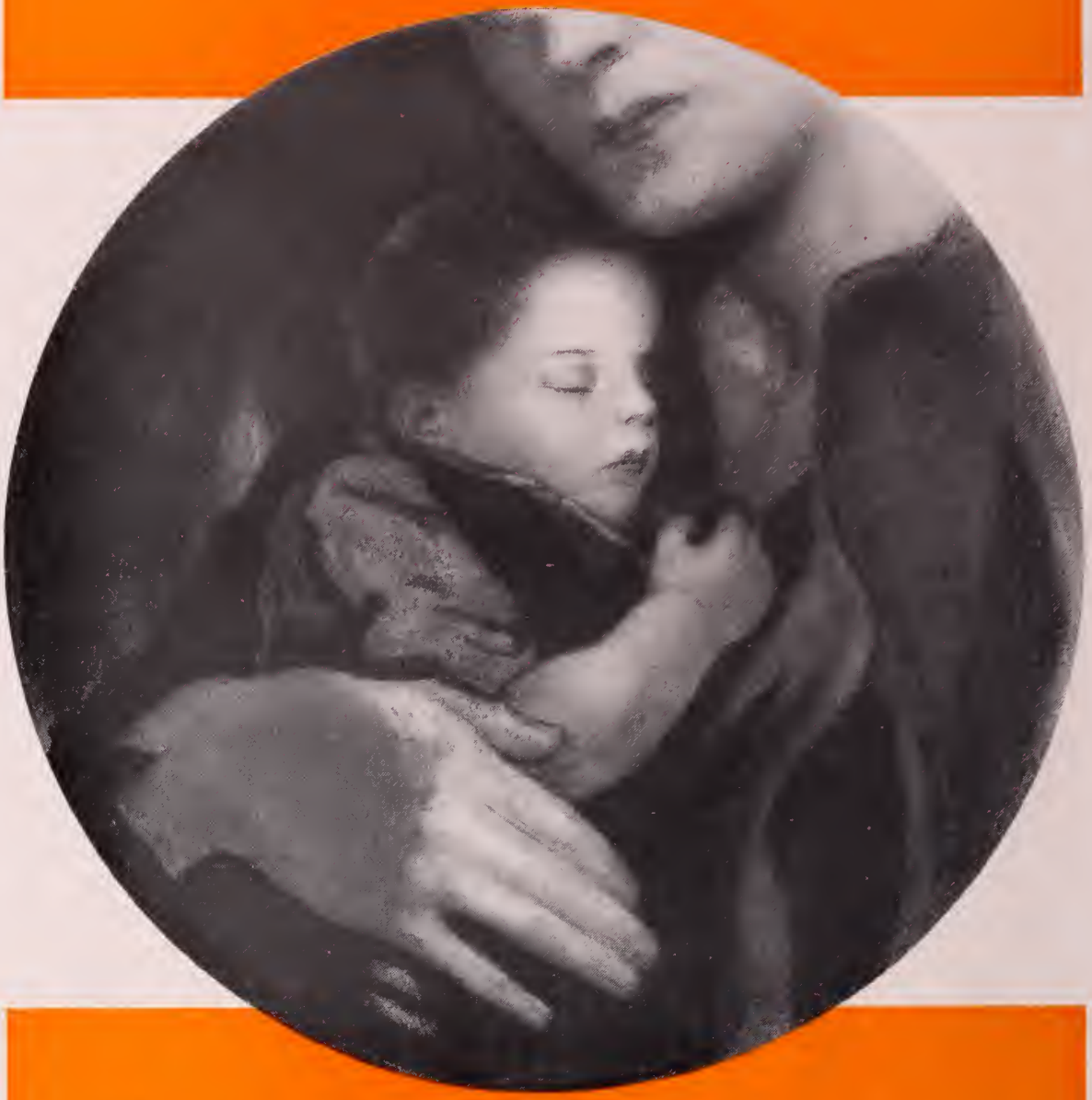
Origin and Progress of the Florida Radiological Society
J. A. Pines

Report of Delegates to A. M. A.
Homer L. Pearson
Edward Jelks

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1. Follis, R. H. Jr.; et al: Am. J. Dis. of Child., *66*:1-11 (July) 1943.

2. Moore, C. U.; et al: Am. J. Dis. of Child., *54*:1227-28 (Dec.) 1937.

3. Park, E. A.: Vitamin D Therapeutics, THE VITAMINS, A. M. A., Chicago, 1937.

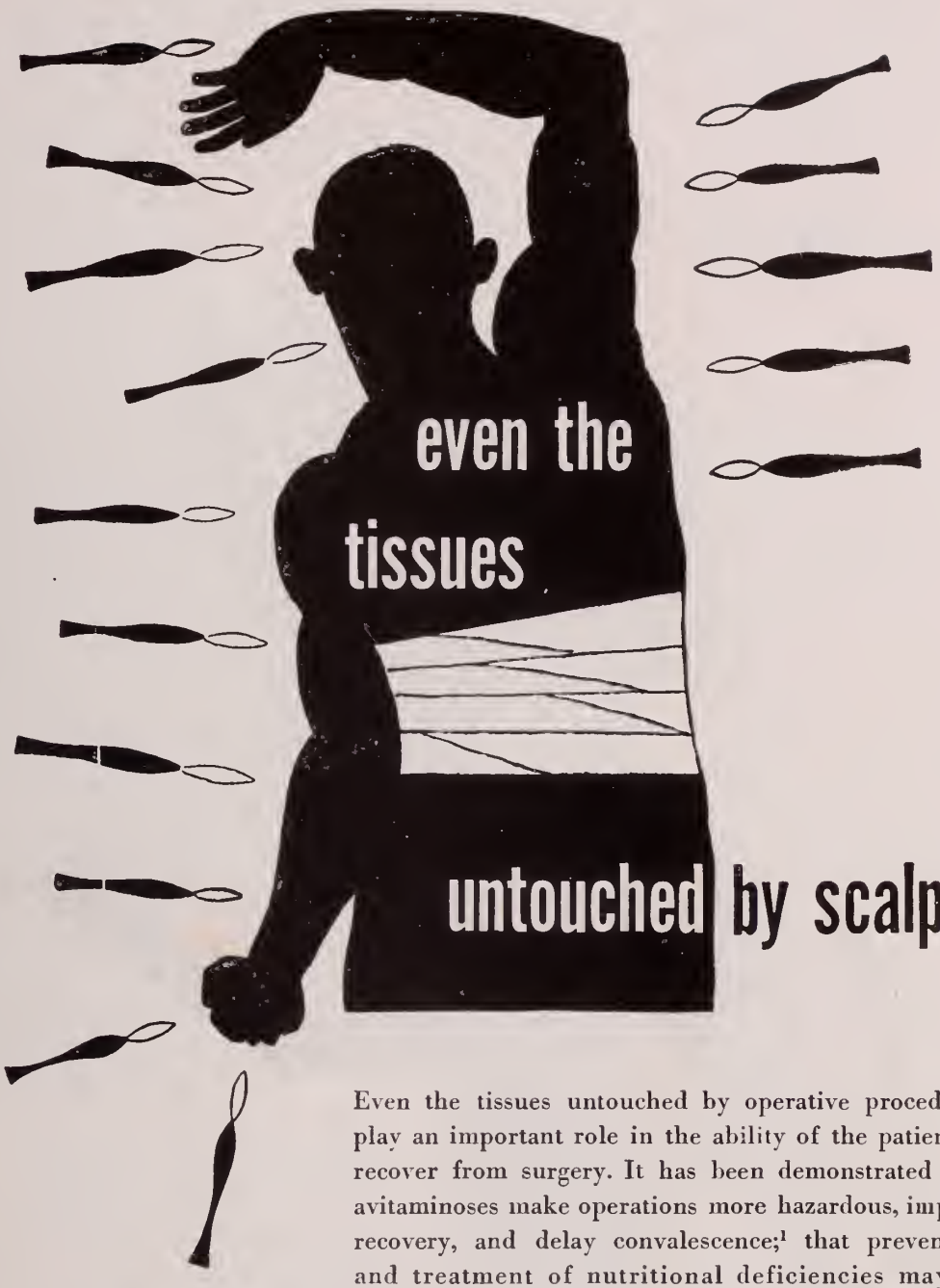
White's

cod liver oil concentrate

Liquid Tablets Capsules

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Ethically promoted. Council accepted. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.



Even the tissues untouched by operative procedures play an important role in the ability of the patient to recover from surgery. It has been demonstrated that avitaminoses make operations more hazardous, imperil recovery, and delay convalescence;[1] that prevention and treatment of nutritional deficiencies may be "decisive"[2] in recovery following surgery. In the field of oral and parenteral vitamins, Upjohn offers a full range of highly potent, convenient to administer, economical vitamins.

1. Virginia M. Monthly, **72**:240 (June) 1945.
2. Am. J. Surg. **54**:299 (April) 1942.

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

UPJOHN VITAMINS



Nupercainal, the soothing anesthetic ointment containing 1% Nupercaine, is noted for its sustained effect in the relief of pain associated with the above and other ano-rectal conditions.

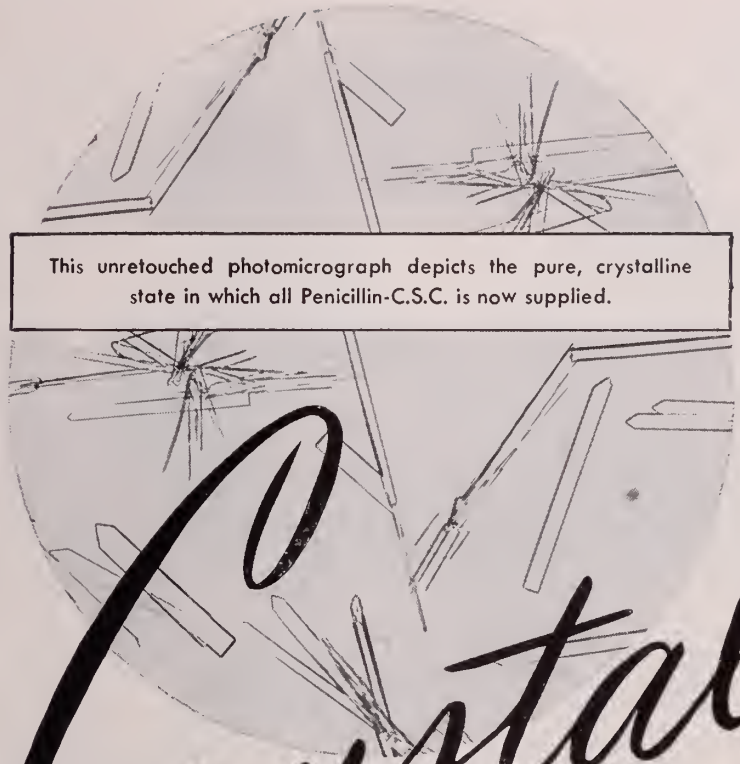
Many physicians employ Nupercainal, too, in painful proctological and vaginal examinations.

Available in tubes of 1 ounce with applicator and in jars of 1 pound.

Nupercainal

Nupercainal and Nupercaine...*Trade Marks Reg. U. S. Pat. Off.*

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY
In Canada: Ciba Company Limited, Montreal



This unretouched photomicrograph depicts the pure, crystalline state in which all Penicillin-C.S.C. is now supplied.

SYMBOL OF PURITY

Crystalline PENICILLIN SODIUM-C. S. C.

As a result of special processes of purification and crystallization, all Penicillin-C.S.C. is now supplied in the form of the highly purified, heat-stable Crystalline Sodium Salt of Penicillin-C.S.C.

Well Tolerated Subcutaneously

In the crystalline state Penicillin Sodium-C.S.C. is so pure that it can be administered subcutaneously even in large doses with virtually no pain or danger of untoward reactions due to impurities.

No Refrigeration Required

Crystalline Penicillin Sodium-C.S.C. is so heat-stable that it can be kept at room temperatures, virtually indefinitely without losing its potency.* It can now be carried in the physician's bag or stored on the pharmacy shelf. No longer need the physician wait until the patient can be hospitalized or until refrigerated penicillin can be obtained from the nearest depot.

*CAUTION: Once in solution, however, penicillin still requires refrigeration.

Optimal Therapeutic Activity

Because of its high potency per milligram, Crystalline Penicillin Sodium-C.S.C. exerts optimal therapeutic activity. A recent report shows the advantage of highly potent preparations.[1]

Potency Clearly Stated on Label

The high state of purification achieved in Crystalline Penicillin Sodium-C.S.C. is indicated by *its high potency per milligram*. The number of units per milligram is stated on each vial, thus enabling the physician to know the degree of purification of the penicillin he is using.

[1] "The potency of the penicillin undoubtedly affected the results. The first 15 patients, all treated with the same batch of penicillin, were cured. The next 7 patients were treated with the same dosage of a different batch of penicillin. Five of these 7 were not cured. Assays of penicillin used for these 7 patients showed it to be of reduced potency." Trumper, M., and Thompson, G. J.: Prolonging the Effects of Penicillin by Chilling, J.A.M.A. *130*: 628 (March 9) 1946.



Crystalline Penicillin Sodium-C.S.C. is available in serum-type vials containing 100,000, 200,000, or 500,000 units.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Penicillin-C.S.C. is accepted by the Council on Pharmacy and Chemistry of the American Medicol Association

PHARMACEUTICAL DIVISION

COMMERCIAL SOLVENTS *Corporation*

17 East 42nd Street

New York 17, N. Y.

CSC



Acceptable

AT EVERY SEASON

Taken cold during the summer months or hot during the wintertime, the delicious food drink made by mixing Ovaltine with milk provides a wealth of essential nutrients in readily digested and assimilated form. Its delicious taste makes it enjoyable at every season. As a supplement to an inadequate diet, in the correction of the milder forms of malnutrition, or when the intake of all essential nutrients must be augmented, it makes a worth-while contribution, as indicated by its composition shown in the table below. This dietary supplement provides biologically adequate protein, readily utilized carbohydrate, highly emulsified fat, ascorbic acid, B complex and other vitamins, and essential minerals. Its low curd tension makes for rapid gastric emptying and easy digestibility. It is relished by both children and adults, and is unusually acceptable either as a mealtime beverage or with between meal snacks.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



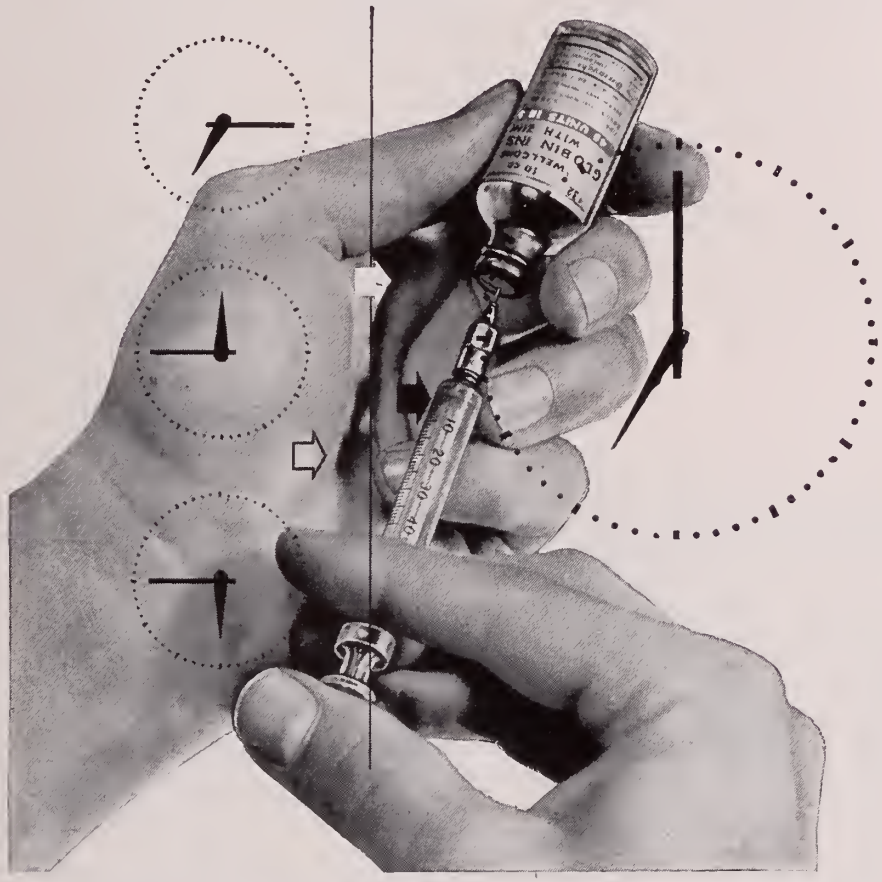
Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	669	VITAMIN A	3000 I.U.
PROTEIN	32.1 Gm.	VITAMIN B_1	1.16 mg.
FAT	31.5 Gm	RIBOFLAVIN	1.50 mg.
CARBOHYDRATE	64.8 Gm.	NIACIN	6.81 mg.
CALCIUM	1.12 Gm.	VITAMIN C	39.6 mg.
PHOSPHORUS	0.939 Gm.	VITAMIN D	417 I.U.
IRON	12.0 mg.	COPPER	0.50 mg

*Based on average reported values for milk.

How to shift to 'WELLCOME' GLOBIN INSULIN from 3 injections to 1 a day...



A relatively simple procedure can make the unique advantages of intermediate-acting 'Wellcome' Globin Insulin with Zinc available to patients on regular insulin (crystalline or amorphous). Three steps can change the patient from two or more injections daily to one injection a day.

STEP 1 The initial daily dose of 'Wellcome' Globin Insulin with Zinc should be approximately 2/3 the total number of units of regular insulin previously given daily.

STEP 2 Adjust the carbohydrate distribution of the diet as required for the individual patient. This adjustment will be based on fractional urinalyses and blood sugar determination, if the latter are available.

STEP 3 Increase or otherwise adjust the daily dose of Globin Insulin as required. This adjustment is made in conjunction with step 2. Frequently, the final dosage of Globin Insulin will be not more than 4/5 the total units of regular insulin previously required daily.

Available in 40 and 80 units to the cc., vials of 10 cc. *'Wellcome' Trademark Registered.*

'WELLCOME' Globin Insulin WITH ZINC

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 EAST 41ST STREET, NEW YORK 17, N.Y.

Electrosurgery

Electrosurgery

TODAY'S METHOD
OF SAVING TIME AND
PREVENTING BLOOD LOSS

The modern trend in surgery is toward a wider use of electrosurgical procedures, particularly where time and the conservation of blood are under consideration.



THE Burdick SU-4
ELECTROSURGICAL UNIT

offers the exclusive Burdick Blended Current, a combination of the spark gap and vacuum tube currents for smooth, clean surgery.

Write for further information on the Burdick SU15 Electrosurgical Unit.

Byron Thompson & Company, Inc.

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LABORATORY SUPPLIES AND EQUIPMENT

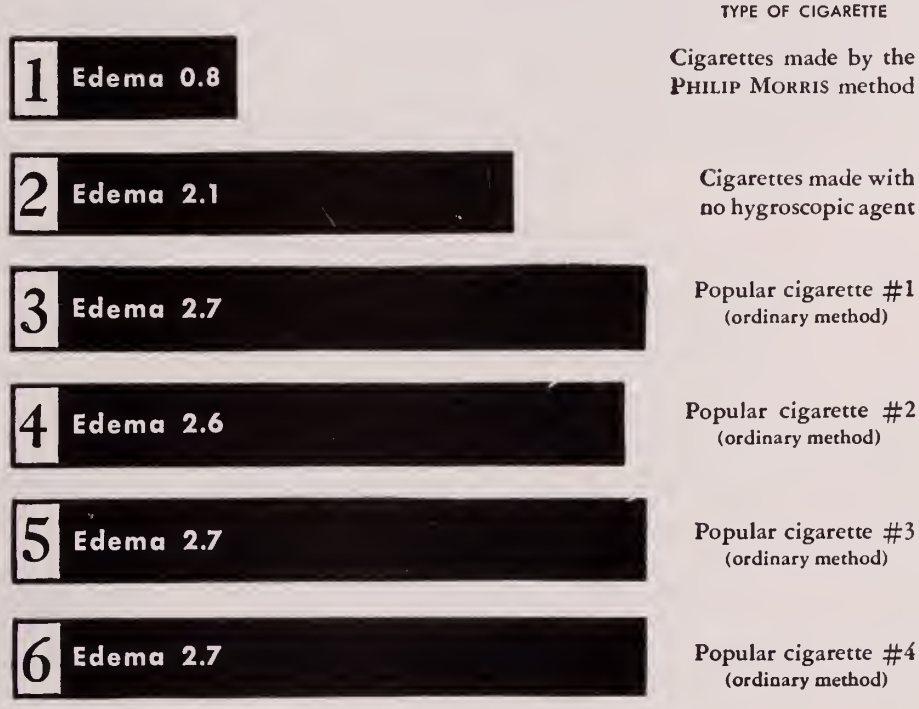
ESSENTIALS FOR SCIENTIFIC PROGRESS

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OUR MIAMI BRANCH IS OPERATED AS MEDICAL SUPPLY COMPANY

How irritation varies from *different* cigarettes

Tests made on rabbits' eyes reveal the influence of hygroscopic agents*



CONCLUSION:* Results show that regardless of blend of tobacco, flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS.

CLINICAL CONFIRMATION:** When *smokers* changed to PHILIP MORRIS, substantially every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

N. Y. State Journ. Med. 35 No. 11,590* *Laryngoscope 1935, XLV, No. 2, 149-154*

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



Sturdy
ON STRONG FOUNDATIONS

The 2000 year old Nile Temple of Philae stands enduringly firm on its original foundation—even though flooded each year from November to June, since the construction of the Assuan Dam at the end of the nineteenth century. • Similarly, for sturdy bodies in later years a strong nutritional foundation must be established early in infancy. • For this assurance, BIOLAC safely and simply furnishes nutritional elements for optimum health. Among the other essential nutrients are valuable proteins of milk, an outstanding source of *all the essential amino acids* ...the indispensable foundation stones for sound tissues. • Indeed, BIOLAC is "baby talk" for a good square meal.

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE • NEW YORK 17, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN.

Biolac

The foundation is the thing!



Biolac is a liquid modified milk, prepared from whole and skim milk with added lactose, and fortified with thiamine, concentrate of vitamins A and D from cod liver oil, and iron citrate; only Vitamin C supplementation is necessary. Evaporated, homogenized and sterilized. Available in 13 fl. oz. tins at all drug stores.

Quickly prepared... easily calculated: 1 fl. oz. Biolac to 1½ fl. oz. water per lb. of body weight.



Natural bridge

Amniotin, highly purified *natural* estrogenic complex, carries the woman across the menopause smoothly, safely . . . and economically. Adequate parenteral dosage controls vasomotor and accompanying symptoms promptly; oral administration then affords simple maintenance. Wholly derived from natural sources, Amniotin is well tolerated. Available in oral, parenteral and intravaginal dosage forms in a wide range of potencies, it offers notable flexibility. Backed by more than seventeen years of clinical use; standardized in International units.

SQUIBB

Amniotin
TRADEMARK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



In addition to Vitamin "A" and calcium, Sealtest Ice Cream is rich in other vitamins, minerals and protein found in milk, and contains 10 important Amino acids. Our Government includes ice cream in one of the Basic-7 food groups.

Southern Dairies

Sealtest
ICE CREAM

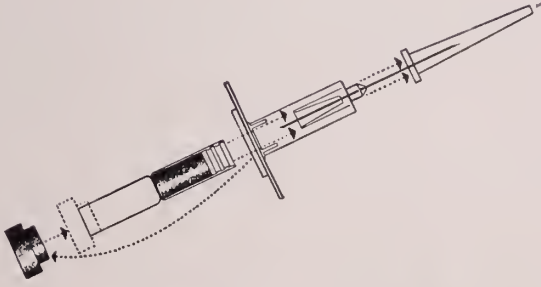
THE MEASURE OF QUALITY

Division of National Dairy Products Corporation

Tune in the Sealtest Village Store, starring Jack Haley, Thursday Evenings, NBC

As easy as . . .





That's just about how quickly and easily you can get ready for an injection of Abbott's Romansky formula of penicillin calcium in oil and wax when you use a new sterile Disposable Cartridge Syringe. Here's why: No further sterilization of syringe and needle. No drying. No complications from traces of water. No trouble of drawing the fluid from a bulk container. No wasted suspension. And, last but not least, no need to bother about cleaning the needle and syringe afterwards. *Just throw them away.* Each set consists of a disposable plastic syringe with an affixed standard 20-gauge, 1½-inch stainless steel needle and a glass cartridge-plunger containing a 1-cc. dose of 300,000 units of penicillin suspended in peanut oil and beeswax. You will find the set complete, compact, easy to carry and ready to use. Demand sometimes outstrips supply, but we're making more sets every day. Abbott Laboratories, North Chicago, Illinois.

Abbott's

Penicillin in Oil and Wax

with the B-D* (ROMANSKY FORMULA)

Disposable Syringe and Cartridge Set

*T. M. REG. BECTON, DICKINSON & CO.



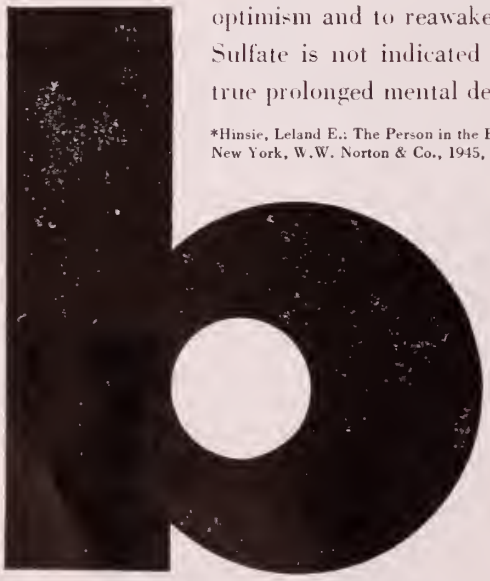
to combat mental depression in the menopause

". . . because the involutional period is fraught with sadness the different forms of mental disorder of this age may be highly colored with mental depression."*

Severe menopausal depression, marked by apathy and psychomotor retardation is frequently progressive. Hence, if not promptly and effectively treated, it may seriously impair the patient's normal capacity for useful living.

In such cases, Benzedrine Sulfate helps to overcome the depression, to restore optimism and to reawaken the savor and zest of life. Needless to say, Benzedrine Sulfate is not indicated in the casual case of low spirits, as distinguished from true prolonged mental depression.

*Hinsie, Leland E.: The Person in the Body, an Introduction to Psychosomatic Medicine, New York, W.W. Norton & Co., 1945, p. 223.



Tablets and Elixir

benzedrine sulfate

(racemic amphetamine sulfate, S.K.F.)

Smith, Kline & French Laboratories, *Philadelphia, Pa.*



ATABRINE DIHYDROCHLORIDE, the drug of choice for all types of malaria, is particularly effective in the prevention of malignant tertian (falciparum) malaria. It not only suppresses the clinical symptoms but actually cures this malignant form of malaria. The evidence of a similar curative effect of quinine is not conclusive.

Convincing evidence regarding the high relative safety of Atabrine dihydrochloride has been accumulated in the tremendous military experience of recent years. In fact, true toxicity of Atabrine dihydrochloride in man following recommended dosage over long periods of time has not been proved.

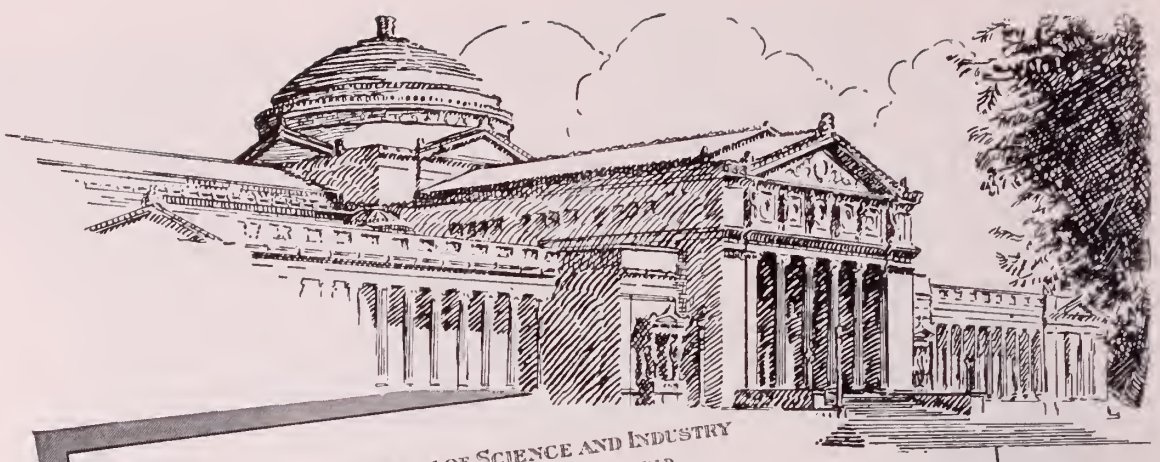
WINTHROP

ATABRINE DIHYDROCHLORIDE

"Atabrine," Trademark Reg. U. S. Pat. Off. & Canada
BRAND OF QUINACRINE HYDROCHLORIDE

SYNTHESIZED IN OUR LABORATORIES

Winthrop CHEMICAL COMPANY, INC.
Pharmaceuticals of merit for the physician • New York 13, N.Y. — Windsor, Ont.



MUSEUM OF SCIENCE AND INDUSTRY
FOUNDED BY JULIUS ROSENWALD
JACKSON PARK · CHICAGO 37

August 7, 1946

Mr. C. H. Fleck, President
S. H. Camp and Company,
Jackson, Michigan

Dear Mr. Fleck:

Today marks the 10th Anniversary of the Transparent Woman exhibit and since the famous "lady" is making her permanent home in our Medical Section, we feel that the day should not be allowed to pass without some comment.

I vividly recall the premier of the Transparent Woman at Rockefeller Center in New York City before a distinguished assembly of physicians, scientists and educators. Its later tour throughout the Nation under the auspices of state and county medical societies and academies of medicine was a significant contribution to public health education. You are to be congratulated not only on your sponsorship of this important and effective exhibit but also on the ethical manner in which it was presented to the laity through the profession.

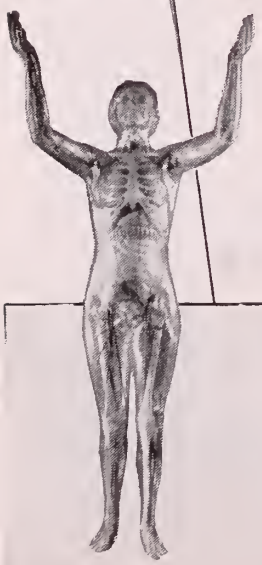
The Transparent Woman continues to be one of the major centers of interest at the museum. Practically all of the 1,026,250 visitors last year made her acquaintance and preliminary 1946 figures show the attendance running higher.

It is fitting on this 10th Anniversary of the Transparent Woman exhibit to again express our appreciation to you for your active interest in the Medical Section.

Cordially yours,

Eben J. Carey

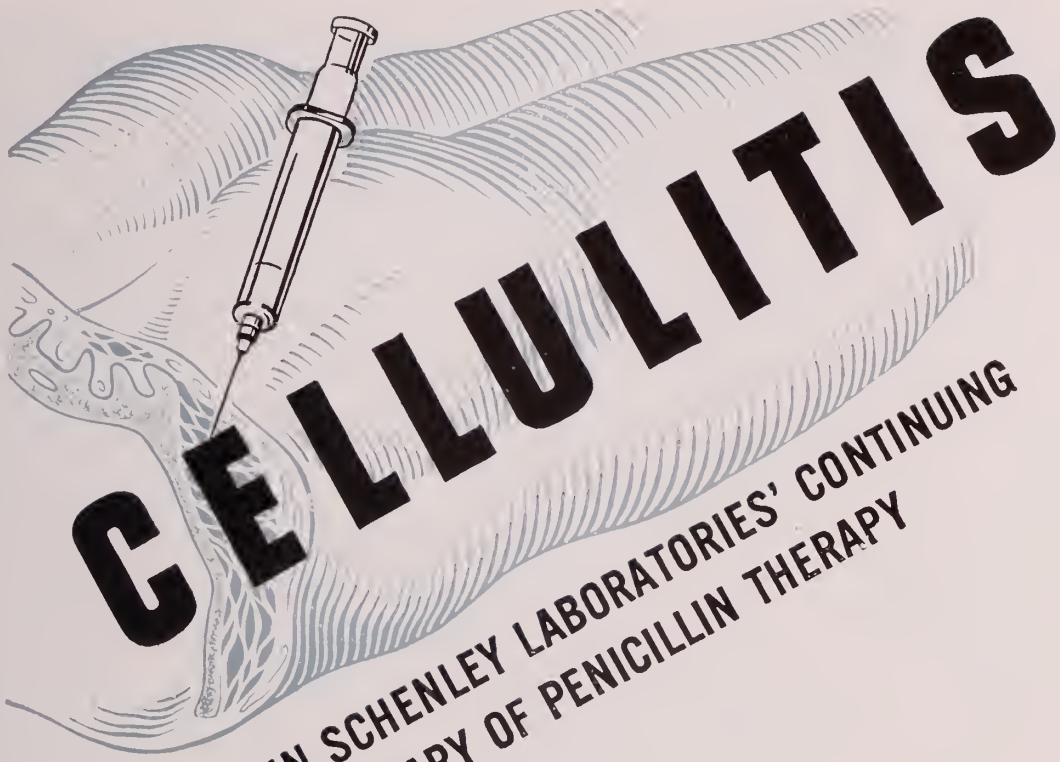
EBEN J. CAREY, M.D., Curator,
Medical Exhibits



CAMP TRANSPARENT WOMAN EXHIBIT MARKS TENTH ANNIVERSARY

Dedicated at Rockefeller Center in 1936 by world famous figures in medicine, science and education, the *Transparent Woman* has since been viewed by some 50,000 physicians and 16,000,000 laymen. Its steady popularity in the Medical Section of the Museum of Science and Industry verifies our hope that the exhibit will continue to play its authentic role in public health education within the precepts of the medical profession.

S. H. CAMP and COMPANY · JACKSON, MICHIGAN



CELLULITIS

No. 3 IN SCHENLEY LABORATORIES' CONTINUING SUMMARY OF PENICILLIN THERAPY

Cellulitis caused by penicillin-sensitive organisms readily responds to penicillin therapy. By the early administration of penicillin in adequate doses, suppuration may be prevented and prompt resolution of the inflammatory process obtained. When abscess formation has occurred, penicillin will localize and control the infection but surgical evacuation of the purulent material may be required to effect a cure.

The administration of penicillin combined, when indicated, with surgical, supportive, and other measures, will in most instances rapidly control and eradicate the infection. Thus, the duration of the disease is shortened, and the possibility of complications reduced to a minimum.

A daily total of 160,000 to 480,000 units, depending upon the severity of the infection, in divided doses every 2 to 3 hours by the intramuscular route will usually be adequate to effect a cure. Duration of the course will depend upon response to therapy. If thought desirable, as a supplement to parenteral administration, penicillin may be employed by local injection or instillation of solutions containing 5,000 to 50,000 units per cc.

WOLLGAST, C. F.: *The Clinical Use of Penicillin: A Report of 115 Cases Treated in an Army Hospital, Texas State J. M. 40:225 (Aug.) 1944.* FARQUHARSON R. F.; GREEY, P., & TOWNSEND, S. R.: *Results of Penicillin Therapy: A Report for the Joint Services Penicillin Committee, Canad. M. A. J. 53:1 (July) 1945.*

BEFORE YOU DECIDE ON THE PENICILLIN OF YOUR CHOICE

Consider this important fact: For many years, Schenley has been among the world's largest users of research on mycology and fermentation processes ... from which penicillin and certain other antibiotics are derived. The wide scope of our activities in these fields is your assurance that when you choose Penicillin Schenley you choose a product thoroughly tested for potency and quality.

PENICILLIN SCHENLEY

a product of

SCHENLEY LABORATORIES, INC. Executive Offices: 350 Fifth Avenue, N. Y. C.

Protein as a Therapeutic Factor In Infectious Disease

In the recent past, increasing attention has been called to the influence of severe infections upon protein metabolism and the profound destruction of tissue and serum protein which occurs in these states.[1, 2]

In many instances, prompt control of infection by sulfonamides or penicillin is not followed by the desired degree of systemic improvement. Instead, protracted, stormy convalescence supervenes. A factor which is often responsible for delayed recovery is known to be the intense protein depletion which not only accompanies but also follows in the wake of infectious disease. Not infrequently, recovery can be sharply hastened by correction of existing nutritional deficiencies, foremost among them, protein deficiency. A protein intake, adequate both qualitatively and quantitatively, thus gains increasing significance as an integral part of therapy whenever the condition under treatment is known to lead to increased nitrogen excretion.

Among the protein foods of man meat ranks high, not only because it is rich in complete, biologically adequate protein, but also because its palatability and the many attractive ways it can be prepared make it acceptable to most patients.

[1] Tillett, W. S., Cambier, M. J., and McCormack, J. E.: The Treatment of Lobar Pneumonia and Pneumococcal Empyema with Penicillin, Bull. New York Acad. Med. *20*:142, March, 1944.

[2] Armstrong, S. H., Jr.; England, A. C., Jr.; Favour, C. B., and Scheinberg, I. H.: Anemia and Hypoproteinemia Complicating Severe Protracted Pneumonia: Treatment with Penicillin—Role of Specific Supportive Therapy in Recovery, J.A.M.A. *127*:303 (Feb. 10) 1945.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



AMERICAN MEAT INSTITUTE
MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



The doctor makes his rounds

● Wherever he goes, he is welcome . . . his life is dedicated to serving others.

Not all his calls are associated with illness. He is often friend and counselor . . . he is present when life begins, watches it flourish and develop. His satisfactions in life are reflected in the smiling faces of youngsters like this one above, and of countless others whom he has long attended.

Yes, the doctor represents an honored profession . . . his professional reputation and his record of service are his most cherished possessions.

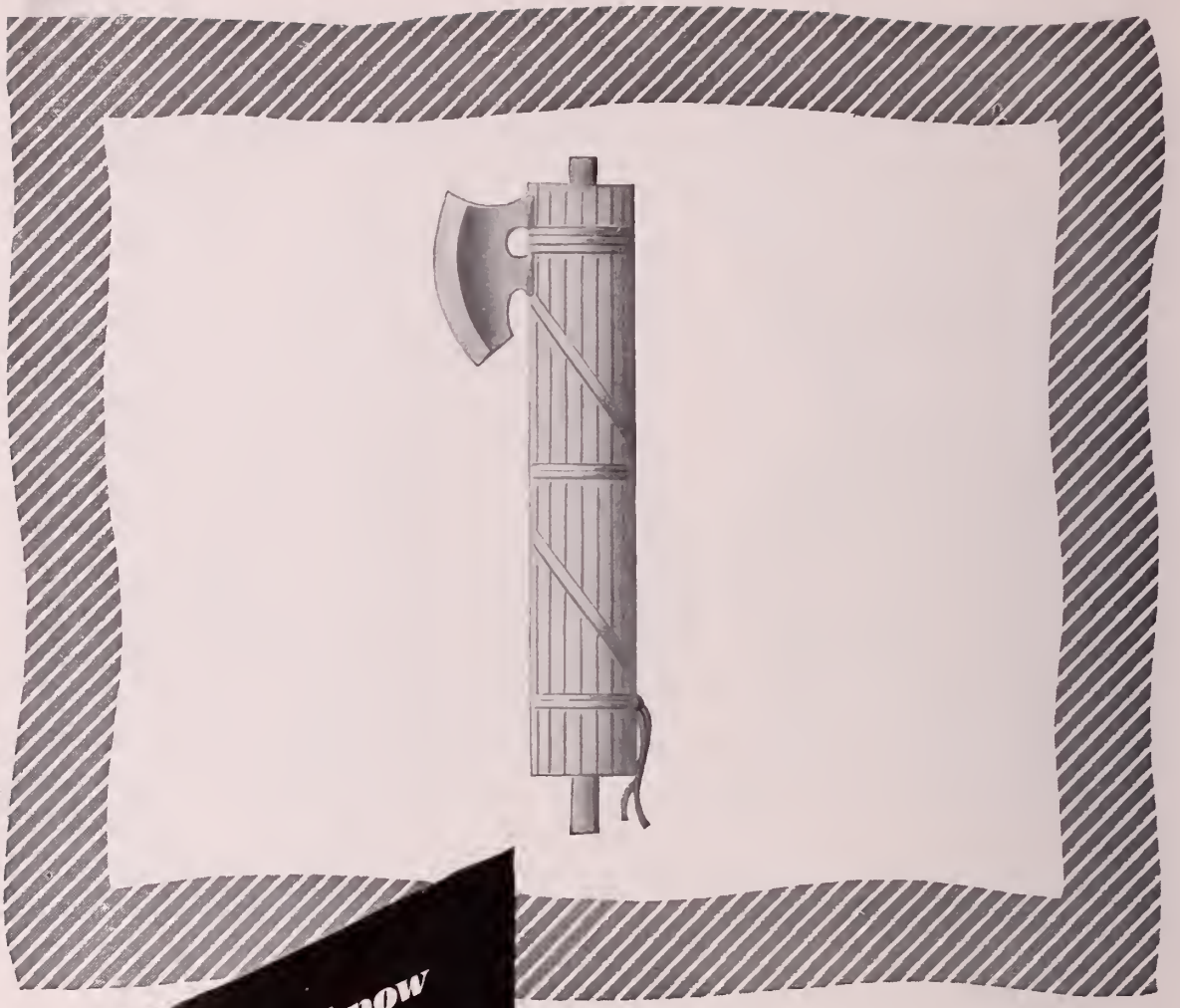


According to a recent independent nationwide survey:

More Doctors Smoke Camels

than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.



Do you know what these symbols stand for?

The emblem above, appearing on the reverse of the U. S. Liberty dime, is known as the "fasces." It depicts a bundle of staves enclosing an ax and was the ancient Roman symbol of authority. On our dime it stands for the "unity wherein lies our strength."

The familiar sign, to the left, is the Rexall symbol of reliable pharmaceutical service wherein lies safety. It appears on selected neighborhood drug stores throughout the country, and stands for laboratory-tested Rexall drugs and selected pharmacal ability in compounding them. Your prescriptions filled at these Rexall Drug Stores combine both ingredients and skill unsurpassed for *quality control.*

Rexall
DRUGS

REXALL FOR RELIABILITY

UNITED-REXALL DRUG CO.

LOS ANGELES, CALIFORNIA

PHARMACEUTICAL CHEMISTS FOR MORE THAN 43 YEARS

Introducing a new treatment for

COMMON EYE INFECTIONS



Sodium sulfacetimide is the only sulfonamide which can be dissolved to a concentration as high as 30 per cent at physiologic pH. It is, therefore, both surpassingly bacteriostatic against a wide variety of organisms and virtually non-irritating—attributes which make it an especially valuable topical chemotherapeutic agent for prophylaxis and treatment of infections of delicate ocular tissues. SODIUM SULFACETIMIDE SOLUTION 30% has marked and rapid penetrating powers when applied locally in the form of eyedrops, reaching a high concentration in the cornea and conjunctiva within five minutes.

SODIUM SULFACETIMIDE SOLUTION 30% (*Sodium* SULAMYD)

is indicated for the local treatment of acute infectious conjunctivitis, acute corneal ulcer, acute blepharoconjunctivitis, hypopyon keratitis and for prophylaxis following foreign body injuries and abrasions of the cornea and conjunctiva.

Dosage: One drop placed in the affected eye every two to four hours. Available on prescription in 15 cc. amber, eyedropper bottles.

Trade-Mark SULAMYD—Reg. U.S. Pat. Off.

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Schering CORPORATION · BLOOMFIELD, N. J.

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COUNCIL ACCEPTED



Theocalcin

For the Failing Heart of Middle Life

Prescribe 2 or 3 tablets of Theocalcin, t. i. d. After relief is obtained, continue with smaller doses to keep the patient comfortable. Theocalcin strengthens heart action, diminishes dyspnea and reduces edema.

Brand of theobromine-calcium salicylate,
Trade Mark reg. U. S. Pat. Off.

Bilhuber-Knoll Corp. Orange, N. J.



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Our Kind of Service

You offer your patients only one kind of skill—the best of your ability. We give your patients only one kind of prescription service—the best in precision workmanship and quality materials. When you entrust your prescriptions to us, you know that every detail will be correctly finished for complete patient satisfaction.

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DEPENDABILITY... the most important quality in a contraceptive

the extra assurance
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Koromex Jelly

TIME TESTED
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with confidence

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ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

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HOLLAND-RANTOS CO., Inc.
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HYDROCHOLERESIS

Effective Drainage of the Biliary Tree

Normal functioning of the hepatobiliary system is predicated upon free, unobstructed flow of bile, even from the smallest intrahepatic biliary passages, to the duodenum. Impaired drainage or stasis is not only conducive to infection but also to subjective discomfort caused by ductal distention, and to permanent liver damage.

Decholin — c.p. dehydrocholic (triketocholanic) acid — affords a convenient and dependable means of improving drainage from the hepatobiliary tree. Acting directly upon the secretory mechanism of the liver, it increases biliary secretion as much as 200 per cent, resulting in a thin, watery, freer-flowing bile. This true hydrocholeretic action removes inspissated mucus, debris, and pus from the intrahepatic and extrahepatic biliary passages, and relieves engorgement. The hydrocholeresis produced by Decholin has proved highly beneficial in the treatment of non-calculous cholangitis and for the relief of liver engorgement due to biliary stasis. Combined with the antispasmodic influence of atropine and nitroglycerin, Decholin aids in removing small common duct stones overlooked at surgery and reduces the severity of biliary dyskinesia. Dosage, one or two 3¾ gr. tablets t. i. d. preferably after meals.

Supplied in boxes of 25, 100, 500, and 1000 3¾ gr. tablets

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Decholin

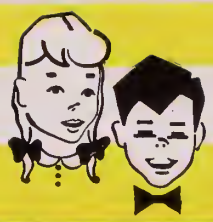
PACE-MAKER OF BILE ACID THERAPY

Riedel-de Haen

DIVISION OF AMES COMPANY, INC.

NEW YORK 13, N. Y.

IN A RECENT STUDY OF 512 CHILDREN



*



Those receiving no medication showed an increase in the incidence of dental caries of 65 per cent.

65%



Those receiving tablets of calcium fluoride alone showed an increase of 32 per cent.

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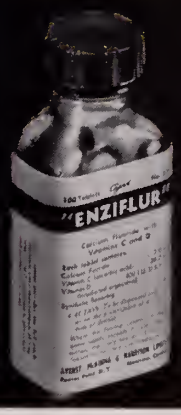
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*Strean, L. P., Beaudet, J. P.: New York State J. Med. *45*: 2183 (Oct. 15) 1945.



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PERIPHERAL VASCULAR DISEASE

GEORGE D. LILLY, M.D.
MIAMI

Arterial circulatory insufficiency is a problem which is encountered frequently by all practitioners of medicine. It may occur in adults of all age groups and in both sexes. Formerly, this disease was classified in a rather loose fashion into such categories as Raynaud's disease, thromboangiitis obliterans and arteriosclerosis. Recently, Ochsner and DeBakey[1] introduced a new classification founded upon a physiologic basis: under their classification, these conditions are separated into three divisons: (1) vasospastic functional disease; (2) vasospastic organic disease; and (3) organic degenerative disease.

The first division, vasospastic functional disease, comprises such conditions as Raynaud's disease and traumatic vasospasm. Adson[2] established that such conditions are caused by disturbances of the sympathetic nerve supply to the smooth muscle in the arterial wall. In these conditions no organic pathologic process is encountered in the wall of the vessel itself.

The second division, vasospastic organic disease, is typified by thromboangiitis obliterans, or Buerger's disease. In this condition there occur thrombotic lesions and periarteritis in the medium-sized and smaller vessels. In turn, the thrombosis and periarteritis set up a reflex vasospasm; and so one encounters the combination of vasospasm and organic disease.

The third division, organic degenerative disease, includes the condition usually referred to under the heading of arteriosclerosis. Here there is a pathologic lesion originating in the arterial walls and slowly occluding the lumen of the artery.

It would seem practical to classify most cases of arterial circulatory insufficiency in terms of an equation in which there is an estimated percentage of vasospasm and another of organic degenerative change. Under such a classification, one would think of a true Raynaud's disease as being 100 per cent vasospastic. An early stage of thromboangiitis obliterans could be 70 per cent vasospastic and 30 per cent organic degenerative; while Buerger's disease in a late stage might be represented by a reversal of this equation, or 30 per cent vasospastic and 70 per cent organic degenerative. At the other extreme would be far advanced arteriosclerosis with the blood trickling through a thick-walled calcareous tube. In such a condition a classification of 10 per cent vasospastic and 90 per cent organic degenerative might be warranted.

Such an evaluation is extremely important because prognosis and treatment must be based upon the degree of vasospasticity present. Little or nothing can be done about organic degenerative disease, but a great deal can be accomplished when vasospasm is the predominant lesion. Ochsner and DeBakey[1] emphasized the importance of realizing that even extreme cases of degenerative organic obliterative disease are aggravated by a certain amount of vasospasm, and that the relief of this vasospasm is the one measure which can be accomplished by surgical treatment.

Until the advent of surgery of the sympathetic nervous system, the medical profession had little to offer the victim of peripheral vascular disease. About the only question to be decided by the physician in such a case was when to amputate, and at what level. The multiplicity of therapeutic measures advocated for this type of disease may be considered as a definite indication that no medical treatment has been satisfactory. A few fundamental medical measures should be employed in all cases. Foci of infection should be eradicated. Every effort should be made to improve the general condition of the patient. Diabetes should be carefully controlled when present. Comfortable shoes and soft, warm socks should be employed. And every effort should be made to avoid trauma to the feet. Roth, McDonald and Sheard[3] conclusively demonstrated that complete elimination of the use of tobacco is a vital part of the treatment of such conditions. An effort should be made to relieve the patient of mental stress and emotional disturbances.

Various mechanical contrivances have been advocated. Buerger's postural exercises are, without doubt, of some value in relieving discomfort. The pavaex machine and the oscillating

Read before the Seventy-Second Annual Meeting of the Florida Medical Association, Jacksonville, April 22, 23, 24, 1946.

bed represent nothing more than a lazy man's method of employing Buerger's exercises, and the pavaex machine may do great harm in the presence of infection because the fundamental principle of rest for the infected part is violated by its use. Hyperemia, induced according to the method of Bier, has been recognized for many years as being of some value; and the intermittent venous occlusion machine of Collens and Wilensky,[4] which has mechanized this principle, has been popularized in the last ten years. There is a serious question as to whether or not the hyperemia produced compensates for the primary stagnation created by the constricting phase of this treatment.

Intravenous typhoid vaccine to produce artificial fever has been used extensively. Hypertonic saline, or sodium citrate, has been given intravenously to decrease the viscosity of the blood, and sodium tetrathionate has been advocated by Theis and Freeland[5] to increase the oxygen carrying capacity of the red cells. But the final results of these methods have been most disappointing.

At the present time the most efficacious method for treating arterial circulatory insufficiency is by relieving the vasospastic portion of the equation, and by producing a vasodilatation of the collateral blood supply. This can be accomplished by interrupting the sympathetic nerve supply to the involved extremity.

Recently Mahorner[6] reported good results following lumbar ganglionectomy in persons up to 60 years of age who were suffering from vascular insufficiency. Trimble, Cheney and Moses[7] published a report of their gratifying experience in treating a large number of persons in the fifth and sixth decades of life who were relieved of vascular insufficiency by lumbar sympathectomy.

My experience has coincided with that of Trimble and his associates,[7] and I perform a suitable type of sympathectomy on all patients with serious circulatory impairment of the extremities when surgery can be tolerated with safety. A few brief reports of cases may exemplify the value of surgical sympathectomy.

Case 1.—W. N., a man aged 34, first came under my care on Sept. 17, 1938. He was seen at home. Although it was a hot day, the patient was in a room with all of the windows and doors closed. He had placed his foot in a kerosene oven and was writhing in pain. Claudication and some pain in the soles of the feet and the calves of the legs had first begun to develop six years previously. Walking had become increasingly difficult with the years, and on several occasions the right foot had become red and swollen. One year prior to the time of my visit, a deep ulcer had developed on the tip of the second toe of the left foot. This ulcer had persisted since that time. For the last six months the patient had been unable to work, and a frank gangrene of the fourth and fifth toes had slowly developed. Further study confirmed the suspicion that this patient had a classical case of thromboangiitis obliteran, or Buerger's disease.

On Nov. 17 the right second, third and fourth lumbar ganglia were removed by a lateral extraperitoneal approach. From the first postoperative day the patient showed rapid improvement. The gangrenous toes demarcated and were amputated. The foot healed nicely.

In about four weeks the patient was back at work. He has had no difficulty with this extremity since that time. Five years after the time of the first surgical treatment there began to develop the same sort of symptoms in the left leg. He came in immediately, requesting a sympathectomy on this side. This procedure was carried out, and since that time he has been able to take hunting trips and walk long distances without disability.

Case 2.—C. H., a man aged 72, had been aware of a pulsating mass behind the right knee for three years. He had brought it to the attention of his family physician, who had advised him that it was nothing serious and had suggested that he forget it. One morning he spent about thirty minutes squatting on his haunches, working on the motor of his refrigerator. When he attempted to stand, he experienced an excruciating pain in the right calf and foot. He could not stand and had to hop to his bed. Subsequently, he spent several hours massaging the foot and calf. Six hours after the injury he called a surgeon, who found a cold, waxlike limb and amputated in the midthigh. Postoperative examination of the amputated limb showed a large, arteriosclerotic aneurysm filled with a recent clot, which extended down to the ankle and up to the site of amputation.

Two years later there began to develop a similar pulsating lesions in the left popliteal space. When he first consulted me at this time, the left popliteal space contained an aneurysm about the size of an orange. He was having cramps in the foot and calf, and the foot was cold and waxy. The general physical condition was excellent, and, accordingly, a left lumbar sympathectic ganglionectomy was performed as a preliminary procedure before doing an endoaneurysmorrhaphy. The results were most striking. The foot and leg became warm. The release of peripheral resistance accomplished by the sympathectomy reduced the size of the aneurysm by at least 75 per cent. This patient has been followed for four months now. He has been entirely without symptoms, and the aneurysm seems to be becoming smaller. For this reason, it is, at the present time, deemed unnecessary to do an endoaneurysmorrhaphy.

In a great many cases surgery is definitely contraindicated because of cardiac disease or renal disease, or both. In such cases, I have resorted to a chemical sectioning of the sympathetic nerve supply to the lower extremities.[8] This is accomplished by injecting sterile 95 per cent alcohol into the region of the lumbar sympathetic trunk. This procedure is undertaken with considerable misgiving, because of the many reported cases of alcoholic neuritis following this type of injection. In some of my early cases alcoholic neuritis did develop, but in the last three years I have encountered only one case of relatively mild neuritis of the genitofemoral nerve in a series of

more than 150 cases. Many persons in the sixth, seventh and eighth decades have undergone bilateral alcohol injection of the lumbar sympathetic trunk for relief of claudication and rest pain, and the majority of them have experienced relief from rest pain, much improvement in claudication and a definite increase in the ability to walk. Most of those who had early pregangrenous areas on the great toes have overcome this tendency, and a healthier tissue has developed in this region. The following are presented as representative cases:

Case 3.—Mrs. W. H. P., aged 68, with hypertensive cardiovascular disease and severe generalized arteriosclerosis, had suffered from rest pain in the calves for two years. Claudication had steadily increased and was so severe that she could not walk across her bedroom without resting. Two weeks prior to her first visit, trophic skin changes on the ends of the second and third toes of each foot had developed.

On examination, the only palpable pulse in the lower extremities was a faint one at the femoral opening. Oscillometer readings were midcalf 0 and midthigh ½ on both sides. During the preceding three days the patient had insisted on keeping her feet in a dependent position, and considerable edema had developed. On Jan. 10, 1941 a bilateral alcohol injection of the first, second, third and fourth lumbar sympathetic ganglia was done. Following this injection the patient was relieved of pain, and the gangrenous areas gradually healed over a period of three weeks. Now, more than five years later, she is living and comfortable. There has been no recurrence of the gangrene or rest pain, and she can walk 100 feet without claudication.

Case 4.—O. S., a man aged 80 with hypertensive cardiovascular disease of fifteen years' duration and with gradually increasing difficulty in walking, complained of cold feet and aches and cramps in the calf muscles during the night. All these symptoms were worse on the left side. For two weeks prior to admission a dark blue spot on the outer aspect of the left great toe had gradually become larger, and for two days pus had been draining from it. Examination showed a fair pulse in both femoral vessels and a faint pulse in both popliteal vessels. There was no palpable dorsalis pedis nor posterior tibial pulse. The feet were icy cold and white. There was an oscillometer reading of ½ in the midthigh. An infected gangrenous area of the skin on the great toe was present. On Dec. 16, 1942 a bilateral alcohol injection of the lumbar sympathetic trunk was done. The pain subsided immediately, and gangrenous areas cleared up promptly. The patient was last seen on Aug. 9, 1944, when he came in to advise that he was having no trouble and was walking 10 miles daily.

SUMMARY

Medical management of peripheral vascular disease offers the patient little or no chance of improvement.

In most cases of arterial circulatory insufficiency the patient may be benefited by sympathectomy.

Sympathectomy relieves the vasospastic element of circulatory disease and compensates for the organic damage by improving collateral circulation.

In order to arrive at a fair prognosis as to the amount of benefit to be derived from sympathectomy, peripheral vascular disease should be classified in terms of an equation, consisting of the percentage of vasospasm and the percentage of organic disease.

Sympathectomy should be accomplished by surgical extirpation of the proper ganglia in all cases in which the patient is able to tolerate surgery with reasonable safety.

In the patient who is a poor risk a satisfactory sympathectomy of the lower extremity may be accomplished by paravertebral alcohol injection of the sympathetic trunk.

Two cases exemplifying the value of surgical sympathectomy and 2 cases illustrating the effectiveness of alcohol injection of the sympathetic trunk are reported.

REFERENCES

1. Ochsner, A., and DeBakey, M.: Rational Consideration of Peripheral Vascular Disease Based on Physiologic Principles, J. A. M. A. **112**:230-236 (Jan. 21) 1939; Peripheral Vascular Disease; Classification and Therapeusis Based Upon Physio-Patholo ic Alterations, Internat. Clin. **3**:1-32 (Sept.) 1939.

2. Adson, A. W.: Physiologic Effects Produced by Ablation of Autonomic Central Influence; Various Forms of Sympathectomy in Treatment of Diseases, Surgery **1**:425-453 (March) 1937.

3. Roth, G. M.; McDonald, J. B., and Sheard, C.: Effect of Smoking Cigarets and of Intravenous Administration of Nicotine on Electrocardiogram, Basal Metabolic Rate, Cutaneous Temperature, Blood Pressure and Pulse Rate of Normal Persons, J. A. M. A. **125**:761-767 (July 15) 1944.

4. Collens, W. S., and Wilensky, N. D.: Intermittent Venous Occlusion in the Treatment of Peripheral Vascular Disease: Experience with 124 Cases, J. A. M. A. **109**:2125-2130 (Dec. 25) 1937.

5. Theis F. V., and Freeland, M. R.: Thromboangiitis Obliterans; Clinical Observations and Arterial Blood Oxygen Studies During Treatment of the Disease with Sodium Tetrathionate and Sodium Thiosulfate, Surgery **11**:101-117 (Jan.) 1942.

6. Mahorner, H.: Symposium on Vascular Surgery; Control of Pain in Posttraumatic and Other Vascular Disturbances; Role of Sympathetic Nervous System in the Treatment of Peripheral Vascular Diseases, Ann. Surg. **119**:432-444 (March) 1944.

7. Trimble, I. R.; Cheney, W. S., and Moses W. R.: Operative Attack on Organic Peripheral Vascular Disease, Surgery **15**:655-678 (April) 1944.

8. Lilly, G. D.: Alcohol Injection of Lumbar Sympathetic Trunk in Cases of Peripheral Vascular Insufficiency when Surgical Sympathectomy Is Contraindicated, J. A. M. A. **128**: 479-482 (June 16) 1945.

333 Ingraham Building, zone 32.

DISCUSSION

Dr. Donald W. Smith, Miami: In the brief time allotted, Dr. Lilly has covered the important peripheral vascular diseases and lesions thoroughly. One does not seem to see many of these cases in the Naval hospitals. This paper is particularly important, however, to those in military service who are looking forward to reorientation to civilian practice. There are many conditions being treated in civilian hospitals that one does not see in the Navy.

I should like to mention a few peripheral vascular conditions that we do see in military practice. Some form of sympathetic denervation must be considered in deep venous thrombosis or venous occlusion and in arterial injuries. A discussion of venous occlusion is not within the scope of Dr. Lilly's paper, but it represents a large percentage of the vascular lesions seen in military service. In such conditions procaine sympathetic blocks are the current form of treatment.

It was found in the majority of those lesions in which

edema is characteristic that repeated blocks are successful. In some cases in which it is necessary to ligate and section the common femoral, it is characteristic for intense edema to persist for a long period. In these cases it is essential that repeated procaine blocks be done. In cases in which the thrombus extends up into the external iliac vein, it is necessary to do a common iliac ligation. In my experience, this is not as hazardous a procedure as common femoral ligation or ligation of the external iliac. In this location, through retroperitoneal exposure the lumbar chain is brought into view, and it is usually routine to do a simultaneous surgical resection of at least the second and third lumbar sympathetic ganglia in these cases.

In arterial trauma, either from injury prior to the time the patient is first seen, or as a result of resection of arteriovenous aneurysm in which some collaterals are lost, sympathetic denervation is especially important. Lesions are usually extensive because of arterial reflex spasm even in some cases of essentially minor contusions, and in most of these cases a large portion of the collaterals is lost. Treatment should include sympathectomy. A simple block with procaine is sometimes all that is necessary. In arterial injury with vast ischemia surgical sympathectomy is the method of choice.

At the Naval Hospital in Norfolk, alcoholic blocks were done in 6 cases of arterial injury, according to the technic described by Dr. Lilly. In 2 of these the effect of the alcohol wore off, and the ischemia returned and was so extensive that surgical intervention became necessary. I should like to ask Dr. Lilly to comment further on the effect of alcohol in denervation. In reconstruction surgery, when there is so much ischemia repeated procaine blocks are used.

I had a valuable experience just recently when a reconstruction of the thumb for a three months' old lesion at the base of the metacarpal was done. There was reflex spasm with an intensely cold hand. Daily ganglia blocks for five days produced spectacular results.

The only other type that one frequently sees in the service is sympathetic allergy. In these cases there is superficial dilatation of the vessels with arterial spasm which is intense. One must overcome the intense pain in the muscle and interrupt the arterial spasm associated with it by doing a sympathectomy.

I know of nothing else to add to what Dr. Lilly has mentioned. Thank you very much.

DR. LILLY. (concluding): I want to thank Dr. Smith for his extemporaneous discussion and for bringing out some of the points for which I did not have time. I could not cover the whole field of sympathetic surgery as it is much too large. I tried to limit my discussion to those conditions which one usually encounters in general practice.

I do think that traumatic vasospasm, in which Dr. Smith has had so much more experience than I have, is of great importance. It should not be overlooked. Physicians often see patients who complain of severe pain and are inclined to think that they are malingering. It should be realized that traumatic vasospasm is becoming more and more of a recognized entity. On examining the involved extremity, one finds cold, moist digits. There may be miraculous improvement after procaine block of the sympathetic trunk, but in some cases the condition progresses until there is bony atrophy. In that event I think permanent sympathectomy most essential.

I mentioned alcoholic injection of the sympathetic trunk with considerable misgiving. It was only undertaken after repeated experiences with procaine block. One can get into a great deal of trouble with alcoholic neuritis if it is not done exactly right. Also, it is never permanent and has many disadvantages. It only lasts a few months, and certainly no person who is in an operable condition should have alcoholic sectioning of the sympathetic trunk. I reserve that for patients who, because of age or poor health, cannot stand the surgical procedure. It is of value in these patients. I thank you.

ORIGIN AND PROGRESS OF THE FLORIDA RADIOLOGICAL SOCIETY

J. A. PINES, M. D.
ORLANDO

Dr. Thomas S. Carrington, Staff Roentgenologist of the Veterans' Administration Facility at Lake City sent an invitation to all the roentgenologists of Florida to meet at the hospital as his guests on Dec. 4, 1930. Those present spent an interesting and profitable day in a round table discussion of rare and unusual roentgenograms exhibited by Dr. Carrington. A vote of thanks was given the hosts and the hospital for their hospitality.

It was decided at this meeting to form a permanent organization of the roentgenologists of Florida, and we voted to meet in Orlando on May 11, 1931, for this purpose, in connection with the annual meeting of the Florida Medical Association. We therefore met at 10 a.m. on that date in the San Juan Hotel. Dr. J. C. Marshall of Sanford was selected as temporary chairman. Several of the physicians had brought along a number of interesting roentgenograms, and we spent the morning and part of the afternoon in a round table discussion of them.

At the afternoon session Dr. Bundy Allen of Tampa, President of the Radiological Society of North America, read a most interesting paper entitled "Roentgen Progress," giving the history of roentgenology from the date of Roentgen's discovery on Nov. 8, 1895 up to that time. He urged us to form a permanent organization here in Florida.

The meeting was then turned into a business session, and the following physicians were elected to effect organization: President, Dr. L. H. Cunningham, Jacksonville; Vice President, Dr. O. O. Feaster, St. Petersburg; and Secretary-Treasurer, Dr. F. K. Herpel, West Palm Beach. Sixteen physicians were present at this meeting, and each contributed $1 toward defraying expenses in connection with organization. Those attending were Drs. O. O. Feaster, J. A. Herring, C. J. Marshall, H. O. Brown, J. A. Pines, Thomas S. Carrington, F. J. Payton, L. W. Cunningham, Howard V. Weems, J. H. Lucinian, J. N. Moore, J. W. Jones, E. M. Hendricks, W. McL. Shaw, Bundy Allen and F. K. Herpel.

These physicians formed the nucleus of our

Read before the Fifteenth Annual Spring Meeting of the Florida Radiological Society, Jacksonville, April 21, 1946.

society. The officers selected were instructed to perfect the organization and write a constitution and bylaws for presentation at the next meeting, to be held Nov. 14, 1931, at St. Anthony's Hospital in St. Petersburg. Dr. L. W. Cunningham, President, presided at the November meeting. The constitution and bylaws were read and adopted, and the organization was completed with the following charter members: Drs. Bundy Allen, Tampa; Robert E. Baldwin, Tampa; H. O. Brown, Tampa; Thomas S. Carrington, Lake City; Charles D. Cleghorn, Miami; L. W. Cunningham, Jacksonville; J. Maxey Dell, Gainesville; Joshua C. Dickinson, Tampa; O. O. Feaster, St. Petersburg; Elliot M. Hendricks, Fort Lauderdale; Frederick K. Herpel, West Palm Beach; J. A. Herring, St. Petersburg; James M. Hoffman, Pensacola; J. W. Jones, Fort Myers; Joseph H. Lucinian, Miami; L. W. Martin, Sebring; H. B. McEuen, Jacksonville; Cyril J. Marshall, Sanford; J. N. Moore, Ocala; F. J. Payton, Miami Beach; J. A. Pines, Orlando; Gerard Raap, Miami; W. McL. Shaw, Jacksonville; Walter Weed, Orlando; and Howard V. Weems, Sebring.

The Society has met twice each year, the spring meeting being held in conjunction with the annual meeting of the Florida Medical Association. At that time business sessions have been held, and officers have been elected for the coming year. Also, a fall meeting has been held regularly at some convenient place.

The original plan of having informal round table discussions, reviewing interesting roentgenograms supplied by the members and discussing methods and results of radiation therapy has been followed. The practice has contributed greatly to the development of the Society into a body of high ranking roentgenologists which compares most favorably with similiar state organizations.

At the business sessions we have discussed our problems in practice and have appointed committees to work with the national organizations, the state association and the American Medical Association. We have helped to build up the standards of our work until we are now recognized as physicians and consultants in our line, as are the practitioners in other branches of medicine and surgery, and not merely as technicians to be disregarded and shoved around by the other specialties.

It is fitting at this time, just after the fiftieth anniversary of the discovery of the roentgen ray by Wilhelm Konrad von Roentgen, to review the work and progress of the Society, and we are happy to find that we have made steady advancement. Eleven new members have been added. There are now 2 honorary members, 1 member has resigned, and 1 is on the inactive list. Four associate members also have been added.

We are grieved because of the loss by death of 6 of the charter members: Drs. Robert Baldwin, Tampa; Cyril J. Marshall, Sanford; James M. Hoffman, Pensacola; J. A. Herring, St. Petersburg; Charles D. Cleghorn, Miami; and Bundy Allen, Tampa. At the present time we have 25 active members, 1 inactive member, 2 honorary members and 4 associate members.

Since the war has ended, a number of physicians have located in Florida to practice roentgenology. We welcome them to our state and give them a hearty invitation to join the Society so that we may all work together to make and keep our organization the best in the brotherhood of roentgen societies. To this task we pledge our wholehearted support.

106 E. Central Avenue.

ABSTRACTS OF MEDICAL ARTICLES

ACUTE PERICARDITIS, URSCHEL, DAN L., CAPT.; BONDY, PHILIP K., LIEUT., AND SALLEY, S. M., LIEUT. COL. (MC) A.U.S., NEW ENGLAND J. MED. 233: 399-407 (OCT. 4) 1945.

A series of 8 cases of acute pericarditis is reported in which a graphic method, devised to correlate the size of the heart, total T-wave deflection, total elevation of the RS-T segment, pericardial friction rub and temperature, was used. Elevation of the RS-T segment occurred early, was usually slight and disappeared rapidly. Since the graphs clearly showed this to be the first demonstrable change, attention is directed to the importance of a careful search for it in suspected cases. Soon after the onset of the disease, the T wave total began to decrease, but did not reach its lowest point for about four weeks. The authors were of the opinion that this time interval should be stressed, inasmuch as a patient with acute pericarditis may die long before diagnostic T wave inversion appears. From the cases observed, they concluded that there is no significant electrocardiographic difference in pericarditis caused by rheumatic fever, tuberculosis, or pneumococcal or meningococcal infection.

This graphic method of correlating clinical observations in acute pericarditis emphasizes several features. The diagnosis can seldom be made from a single electrocardiogram. Failure of the typical picture to appear delayed the correct diagnosis for days or weeks in some cases of the series. The T waves may never become isoelectric or inverted; nevertheless, a careful analysis of their total duration may demonstrate significant alterations. Total inversion, a late finding, usually occurs after the heart has returned to normal size and the fever has subsided. The T waves, however, begin to lose amplitude early in the course of the disease, and it is this progressive change that is most important in early diagnosis. Since by careful daily measurement of the T waves progressive decrease in amplitude can be detected, it is not necessary to wait until total inversion has occurred to diagnose pericarditis.

From Our President

SCIENTIFIC PAPERS

Within the profession there is today a growing awareness of the importance of medical writing in the making of a successful physician. As their clinical cases accumulate, the younger members of the Association in particular should make every effort to present the data of value these cases afford before the various organized groups, first at the hospital staff meetings, then at the county, and state meetings. The presentation of scientific papers before these societies should prove so stimulating that the essayist will eventually desire a place on the programs of the national organizations.

The paper that contains new thought or original observation or record of experience is sure to be favorably received. No subject is overworked so long as new, scientific evidence pertaining to it is presented. The value of original work cannot be stressed too much. A paper based only on textbooks and readily accessible literature may serve a useful purpose as a basis for general discussion in a meeting, but it obviously may not have relatively as much value in print.

It seems almost a waste of time for a busy physician to undertake the presentation of a scientific essay even at a hospital staff or county society meeting unless he prepares it in a form suitable for publication. A well prepared paper on a practical, timely subject that is of interest to a reasonable number of readers is always acceptable for publication. The reading of a paper brings the author and his work to the attention of the immediate group, but its publication greatly widens the scope of recognition. In addition, the more he writes, the better he himself becomes informed on the subject he discusses.

In the larger cities of the state there should be a medical library with a cumulative medical index so that the members of the county societies can have ready access to medical literature both for general information and for the preparation of papers. Each component society would do well to look to the building of such a library.

Thales Richardson

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PUBLIC RELATIONS

The Board of Governors was authorized to establish a Public Relations Bureau by the House of Delegates at the annual session, held on April 23. Dr. Shaler Richardson, the Association's President, sent a questionnaire regarding public relations to various state medical associations, to officials of the American Medical Association and to the National Physicians Committee. Some valuable and pertinent information has been received in the replies to these questionnaires. A meeting of the Board of Governors has been called for Sunday, September 1. The action taken by the Board at this meeting will be of unusual importance and will be of definite interest to each member of the Association.

The House of Delegates left the way open for two plans: to establish a Board of Public Relations, which would be financed by voluntary donations and would not be a part of the Association; or to establish a Public Relations Bureau as an integral unit of the Association which would be financed by increasing the annual dues to $25, with $10 of this amount to be set up as an operating fund. If this second plan should be adopted, it would be necessary to request a change in the Association's status. The present status of an organization for the advancement of medical science should be changed to the status of business league or some other term designated under Section 101(7) of the Internal Revenue Code. The American Medical Association and a number of state medical associations are now operating under this section of this code.

Information has been received that at the recent meeting of the House of Delegates of the American Medical Association, recommendation was approved to establish a separate Bureau of Public Relations, and the delegates voted a $500,000 appropriation for its maintenance. With the establishment of this new Bureau of Public Relations, Dr. Morris Fishbein will devote his activities to the editorship of the Journal of the American Medical Association.

Since the hospital service and the medical service corporations are now functioning in Florida, it is timely that the activities of a public relations bureau be promoted in the state. All answers to the questionnaire have been mimeographed and mailed to each member of the Board of Governers for study, and it is hoped that after careful deliberation the Board will take proper action for the establishment of a public relations bureau that will function in accord with the wishes of the majority of the members.

A special committee has been studying a plan for the medical care of veterans. Dr. Frederick H. Bowen, Chairman, made a trip to Washington to confer with the Veterans' Administration and expects to have a workable plan for presentation at the Board meeting as a basis for necesary action to be taken.

Among other items on the agenda for the meeting of the Board of Governors are the official designation of the dates for next year's annual meeting and the adoption of a schedule for the official program.

Dr. Reddin Britt, who entered military service on July 9, 1942, received his discharge on June 23, 1946. His address is Exchange Bank Building, St. Augustine. He held the rank of Major.

Dr. Wilbur C. Sumner, who entered military service on June 19, 1944, received his discharge on July 16, 1946. His address is 238 W. Church St., Jacksonville 2. He held the rank of Lieutenant in the Navy.

Dr. Solomon D. Klotz, who entered military service on April 4, 1942, received his discharge on Dec. 30, 1945. His address is 740 N. Magnolia Ave., Orlando. He held the rank of Captain in the Army.

Dr. J. Lloyd Massey, who entered military service on March 15, 1941, received his discharge on Oct. 2, 1945. His address is Davison Building, Quincy. He held the rank of Captain in the Army.

Dr. Edson J. Andrews, who entered military service on Oct. 31, 1942, will receive his discharge on Sept 21, 1946. His address is 109½ E. College Ave., Tallahassee. He held the rank of Captain in the Army.

Dr. John A. Wilhelm, who entered military service on July 5, 1945, received his discharge on Feb. 12, 1946. His address is 241 W. Ashley St., Jacksonville 2. He held the rank of First Lieutenant.

STATE NEWS ITEMS

The Florida Board of Examiners in the Basic Sciences will hold its next examinations Nov. 2, 1946 at the University of Florida, Gainesville. All requests for application blanks should be sent to Dr. John F. Conn, Secretary, P.O. Box 655, DeLand.

The Florida law requires that all applications be made at least 15 days prior to the date of examination. October 18, therefore, is the deadline. The Florida law provides for no reciprocity.

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PATRONIZE JOURNAL ADVERTISERS

Dr. Frederick J. Waas of Jacksonville was guest speaker at the meeting of the local Zonta Club held on July 10. He discussed socialized medicine and explained the Florida Medical Service plan.

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BIRTHS AND DEATHS

BIRTHS

Dr. and Mrs. William S. Mitchell, Orlando, announce the birth of triplets, a daughter and two sons, on July 3.

DEATHS—NONMEMBERS

Dr. Andrew Robeson Bond, Tampa—July 4, 1946
Dr. Alonzo L. Blalock, Madison—July 17, 1946.
Dr. Samuel P. Getzen, Newberry—July 21, 1946
Dr. John S. Wells, Jr. Clearwater—Feb. 12, 1946
Dr. Roy Kennedy Kendall, Miami—March 13, 1946



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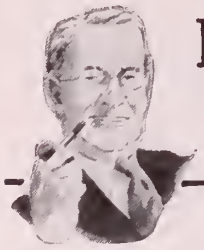
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From where I sit *by* Joe Marsh

Ben Ryder and the Wanderlust

During the war, Ben Ryder talked about the trips he'd take when gasoline rationing was ended. Used to pore over roadmaps—checking mileages and charting routes.

Now Ben's taking quite a lot of ribbing. Soon as rationing was lifted, he decided he liked staying home, puttering in the garden, playing chess, sharing a pleasant glass of beer with friends.

"Shucks," admits Ben sheepishly, "as soon as you *can* go, then it's just as good as having gone! You might as well stay home . . . enjoy your friends and family."

From where I sit, that's a pretty common trait in human nature.

Take that glass of beer, for instance. During Prohibition, Ben was nursing an insatiable thirst. But come repeal, Ben suddenly finds he's happy with a friendly, moderate glass of beer—and nothing more. Yep—just tell folks the sky's the limit, and they'll settle for a piece of friendly earth.

Joe Marsh

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Dr. Joseph W. Taylor, Jr., who entered military service on July 1, 1943, received his discharge July 10, 1946. His address is 706 Franklin Street, Tampa. He held the rank of Lieut. (j.g.).

Dr. William E. Westcott, who entered military service on Aug. 7, 1942, received his discharge on March 16, 1946. His address is 601 E. Rollins Avenue, Orlando. He held the rank of Major.

Dr. Samuel J. Simmons, who entered military service on Sept. 24, 1942, received his discharge on June 28, 1946. His address is Belle Glade. He held the rank of Commander.

Dr. Willis W. Harris, who entered military service on April 21, 1942, received his discharge on May 24, 1946. His address is First National Bank Building, Bradenton. He held the rank of Major.

Dr. Millard P. Quillian, who entered military service on June 28, 1942, received his discharge on Feb. 1, 1946. His address is Walcaid Bldg., Bradenton. He held the rank of Captain in the Army.

Dr. A. Buist Litterer, who entered military service on Dec. 26, 1941, received his discharge on March 13, 1946. His address is 738 duPont Bldg., Miami. He held the rank of Commander.

Dr. Frank M. Parish, who entered military service on March 5, 1941, received his discharge on Jan. 14, 1946. His address is 1506 S. Kuhl Avenue, Orlando. He held the rank of Captain in the Army.

Dr. George R. Crisler, who entered military service on Aug. 8, 1942, received his discharge on Aug. 30, 1946. His address is 157 E. New England Avenue, Winter Park. He held the rank of Major.

Dr. S. R. Higginbotham, Jr., who entered military service on Sept 21, 1943, received his discharge on June 22, 1946. His address is 701 S. Boulevard, Tampa 6. He held the rank of Lieutenant in the Navy.

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RESEARCH IN THE SERVICE OF MEDICINE

lishment of modern hospitals, modern equipment free to all" affect the situation for this large percentage of persons who spurn it now, when it is offered them?

Am I exaggerating? Let me cite two examples:

1. The patient was a college graduate about 30 years of age who came into the office of a certified Diplomate of the American Board of Internal Medicine. She stated she had diabetes and a vertebra out of place. She added that the diagnosis had been made by two chiropractors using an electric machine "so fine it did not need to be attached to me. The pointer instantly showed diabetes and next it stopped at dislocated vertebra." An examination of the urine showed no sugar; the patient refused roentgen examination of the spine. She left to return to the chiropractor.

2. A slovenly, dirty woman with a 3 year old, equally ill kept boy stated, "Doc, you've been doctoring this boy for two months for what you said was asmer, and he hain't no better." "Have you been keeping him on the diet I gave you, and did you get rid of the dog?" I asked. "Well, Doc, I don't believe 'way down in my heart that his feed or his dog is got anything to do with it. Just give him some medicine to vomit that congestion off his lungs and a tonic, and he'll get well." Note her statement that I had been his doctor. I didn't think so, since the doctors of a generation long past were treating her child.

These two examples illustrate the fact that both were thinking in the past. The educated patient was still looking for the marvelous cure-all (such as Perkins' Tractors); hence the wonderful machine she did not understand was the long-sought answer. The uneducated one still thought of the old tonic, "something to build him up," suggestions her great-grandmother had passed down by word of mouth. It did not enter the mind of either that in the course of progress in medicine many old concepts had been disproved and laid aside, just as in farming the old ox plow has been superseded by the modern tractor.

F. C. Metzger, M.D.

MEDICAL OFFICERS RETURNED

Dr William H. Bernstein, who entered military service in June, 1942, received his discharge on August 25, 1946. His address is 420 Lincoln Road, Miami Beach. He held the rank of Captain in the Army.

Dr. Philip F. Simensky, who entered military service on June 26, 1941, received his discharge on Nov. 5, 1945. His address is 129 E. Colonial Drive, Orlando. He held the rank of Major.

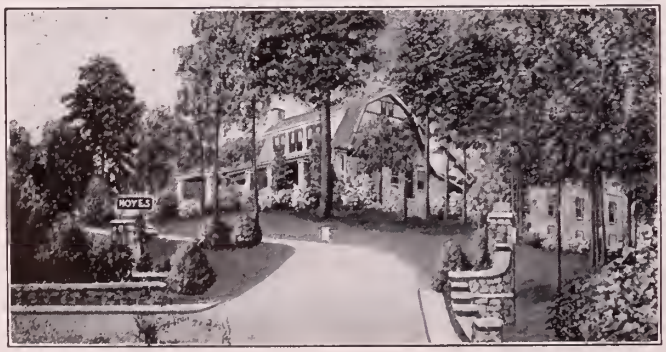
Dr. Francis N. Cooke, who entered military service on Aug. 18, 1942, received his discharge on Dec. 4. 1945. His address is 3401 N. Broad Street, Philadelphia. He held the rank of Captain in the Army.

Dr. Marshall E. Smith, who entered military service on July 10, 1944, received his discharge on June 30, 1946. His address is 416 Tampa Street, Tampa. He held the rank of Lieutenant.

Dr. Lewis T. Corum, who entered military service on Oct. 13, 1943, received his discharge on April 6, 1946. His address is 241 Lafayette Arcade, Tampa. He held the rank of Major.

Dr. Louis J. Garcia, who entered military service on June 10, 1942, received his discharge on Sept. 2, 1946. His address is 107 Parker Street, Tampa. He held the rank of Major.

Dr. Jack J. Kaufman, Jr., who entered military service on Sept. 12, 1942, received his discharge June 16, 1945. His address is 1274 N. W. 62nd Street, Miami. He held the rank of Captain in the Army.



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Those who have been invited to attend tne Board meeting in an advisory capacity are Drs. Edward Jelks and Homer Pearson, delegates to the annual meeting of the American Medical Association; Dr. Ferdinand Richards, Chairman of the Committee on Public Relations; Dr. Harold D. Van Schaick, Chairman of the Committee on Legislation and Public Policy; Dr. J. Rocher Chappell, Chairman of the Committee on Scientific Work, and Dr. F. H. Bowen, Chairman of the Special Committee to Confer with the Veterans' Administration. The meeting of the Board of Governors is a part of the Association's activities, and any member of the Association who is interested is welcome to attend.

Walter C. Jones, M.D.
Chairman, Board of Governors

HOSPITAL SHIP TREATMENT CENTER

Early in April the Florida State Board of Health began negotiations for a hospital ship to be used as a rapid treatment center for the early intensive treatment of syphilis. The negotiations were culminated by the arrival of the United States Army Hospital Ship "Ernest Hinds" in the port of Jacksonville on May 25. It required thirty days to discharge the ship's crew and bring about the official transfer of the ship to the Florida State Board of Health. The ship was officially decommissioned and released to the Board on July 1.

This hospital ship has a rated capacity of 650 beds. The Florida State Board of Health plans to utilize 450 of these beds for patients with venereal disease. The remainder of the beds will be utilized by the staff, which includes a maintenance ship's crew, physicians, nurses, clinic aides and miscellaneous labor. The treatment of patients began on July 15. This facility replaces the rapid treatment center formerly operating near Ocala and the one at the Duval County Hospital in Jacksonville.

Now that the State Board of Health has a modern fireproof facility to utilize as a rapid treatment center for the intensive treatment of syphilis, no physician need hesitate to refer syphilitic patients to this facility. Wards for white and Negro patients of both sexes are numerous, and private rooms are available.

To control syphilis effectively, hospitalization is necessary. If this facility is utilized to its maximum capacity, some twelve or fifteen thousand syphilitic patients can be treated during the next twelve months. The treatment of such a large number will do much to lower the attack rate of syphilis in Florida and will materially aid in reducing the number of late complications of this disease.

Facilities will be available on the ship for the treatment of early neurosyphilis. This is an ever increasing problem, and physicians in private practice are invited to refer their problem cases to the hospital for consultation and treatment if necessary.

Wilson T. Sowder, M.D.
State Health Officer

REPORT OF DELEGATES TO A.M.A. CONVENTION

From the first through the fifth of June the American Medical Association held, in San Francisco, its first meeting since the war. Attendance of more than 7,700 physicians from all parts of the world was most gratifying when one considers that the meeting was held at such a great distance from the center of population in the United States. The physicians of California, in cooperation with the people of that state, provided enjoyable entertainment and excellent facilities for members of the Association. Although the various meeting places could not be housed in one building, the general headquarters, exhibits and sectional meetings were located conveniently in the Civic Center.

The papers and discussions of the various sections and the proceedings of the House of Delegates will all be published in the Journal of the American Medical Association. In spite of such an easily available source of information, it might, however, be appropriate for your delegates to present some impressions gained while representing you in San Francisco.

Two themes appeared outstanding in the expressions of the delegates and actions taken by the House. In the first place, when this meeting is compared with those in the immediate past, one could sense gratifying coordination and unanimity of purpose among the delegates from the various states. Very few controversial resolutions were introduced. The opinion seemed generally accepted that definite measures should be taken for the good of organized medicine and for the care of those needing it. Foremost among these measures are prepayment medical service plans. These plans offer the best manner of providing medical service of the highest standard. It was urged that every state medical society effect a medical service plan. Although it is to be expected that the plans will not be uniformly alike, certain fundamental principles should be observed in every one. The Board of Trustees was instructed to help the states which need assistance in establishing prepayment plans.

In the second place, the opinion was general that drastic reorganization of the American Medical Associa-

Presented at Board of Governors' meeting, Jacksonville, Sept. 1, 1946.

tion was desirable. Dr. Sensenich, Chairman of the Board of Trustees, told about the Board's employment of a firm of publicity experts, who studied the structure, activities and purposes of the Association. After receiving the reports of their surveys the board of trustees recommended to the House a division of the Association into three parts, each of which is to have at the head an expert in its field. These three persons are responsible to the Secretary and General Manager, the Board of Trustees and the House of Delegates. The three divisions are titled Scientific, Economic, and Public Relations.

The first division includes scientific publications and investigations, meetings, bureaus and the like. The Editor of the Journal heads this division.

The second, to be known as the Division of Economics, will have as its director an expert economist. The present Bureau of Economics aids this department in providing factual data and material for publication.

Likewise, the third division, that of Public Relations, is to be under the direction of a public relations expert. The former Council on Medical Service and Public Relations, which has been renamed the Council on Medical Service, working with the division of Public Relations, was given the responsibility of organizing and helping in establishing nationwide prepayment plans.

In order that the House of Delegates might have more continuous contact with these newly organized and revived activities, the members decided to meet twice a year, once at the annual meeting and again when and where the Board of Trustees designates. Further to increase the efficiency of the House, it was requested that there be sent to the delegates as early as possible, before the meeting, copies of the resolutions to be introduced. The success of this plan naturally would depend upon all resolutions being sent to the Business Office from the various states at an early date. The House requested the speaker to notify, as early as possible, appointees to the various reference committees.

In anticipation of improvements from so many major changes, we may expect wise leadership in the coming year from President H. H. Shoulders and in the following one from Dr. Olin West, President Elect. The 1947 meeting, when Dr. West assumes the presidency, will mark the centennial of the Association. The Council on Scientific Assembly, in fact everyone connected with the Association, will endeavor to make it the outstanding meeting of this age. Should it not be outstanding in American history, it will certainly not miss a high mark of excellence because of unwise selection of a president, for the climax of the meeting was the acceptance speech of Dr. West. Without manuscript he discussed, in a most personal and we might be excused for saying a tender way, his relationship as an employee of the American Medical Association for approximately one fourth of a century. It was not necessary for him to avow his love of organized medicine. He made it obvious why those working with and under him for so many years have followed devotedly his lead. He knows organized medicine, believes firmly in American individualism and has had the broad experience to make an outstanding president.

In talking with a number of the delegates after adjournment we were impressed with the general expression of opinion that, in San Francisco, the Association took real steps forward in setting up its new organization. The changes effected will keep the House in closer cooperation with the state societies and bring unity of action which will benefit the sick man and the physician who takes care of him.

Homer L. Pearson
Edward Jelks

FROM MY POINT OF VIEW

A psychology professor recently stated that inventions, mechanics and industry have outstripped psychologic thinking—that mentally we are living largely in the past and industrially in the present. This situation leads to many and varied mental conflicts.

Any physician will agree that this observation is certainly true of medicine. Modern medicine, with its electrocardiograph, x-ray and various laboratory tests, is not understood by the vast majority of laymen. As a consequence, many people will not take advantage of these scientific tests, even when they are available. They still want to do their own thinking, and that is too often based upon old and often disproved ideas and theories.

Examples are too numerous to necessitate much further proof. One has only to sit with me in my office for one day and listen with an open mind to my efforts to obtain a "history," to become convinced of the truth of my assertions. At least nine out of ten of my patients insist they have "colds" followed by asthma. A careful analysis and laboratory examination will revel that 80 per cent of them have mistaken hay fever for colds. Will they abandon their own ideas and accept the more modern vision? Most of them positively will not. Why? Mostly because they still think that one can have hay fever only in summer and only from goldenrod or some flower. So when they have it in winter, or if one symptom they have heard of is not present, they just will not believe it. So they take cold shots, aspirin, alkalis, and the thousand and one remedies their grandmothers, and now the radio, tell them are good cold cures.

What they have termed bronchitis or catarrh will not be changed to asthma and hay fever, despite x-ray or laboratory evidence. Overcoming these difficulties which prevent the well equipped physician from giving to the patient the "advancements in medicine," the "best to the rich and poor alike" which legislators stress, is, of course, all in the day's work of the physician.

No psychologist or psychiatrist hopes to overcome in a short time hiatus between thinking in the past and living in the atomic age. He realizes the necessity for slow educational processes to attain that goal. How, then, can our legislators hope to correct a like condition in medical work by any other process? How will the "estab-

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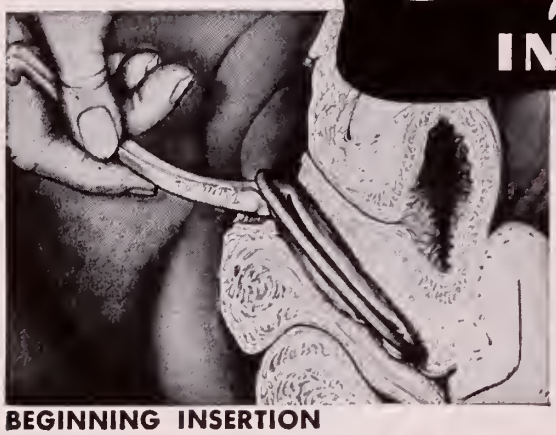
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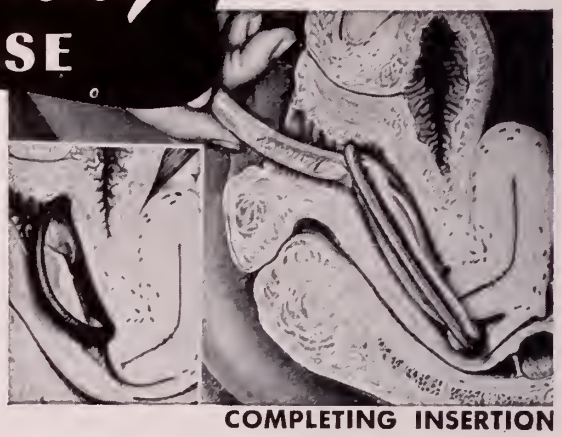


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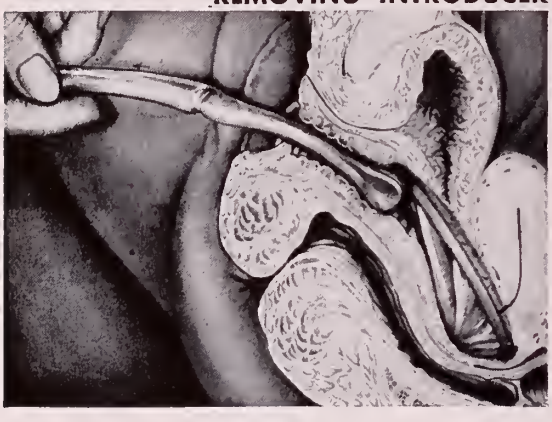
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MATTHEW H. DEPASS

Dr. M. H. DePass of Gainesville, an honorary member of the Florida Medical Association, died June 7, 1946. He was 77 years of age.

He was born in Memphis, Tenn., Feb. 27, 1869, the son of Samuel and Emma T. DePass, of North Carolina. He received his medical education at the University of Tennessee School of Medicine, from which he was graduated in 1889. Following graduation he interned for two years in the Hospital for the Ruptured and Crippled, New York City, and later was surgeon for the ship Rotterdam, crossing the Atlantic numerous times. During this time he also studied abroad.

In 1893 he was married to Miss Fannie Trezevant and moved to Florida in 1905, living first in Archer. He then moved to Gainesville in 1907 where he remained in active practice until his recent illness and death. Mrs. Fannie Trezevant DePass died in 1930 and in 1937 Dr. DePass was married to Mrs. Grace Lee.

Dr. DePass was a member of the Masons, Shrine, Oddfellows, Elks and Rotary; he was also a member of the Alachua County Medical Society, the Florida Medical Association and the American Medical Association.

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COMPONENT COUNTY SOCIETIES

PINELLAS

The Pinellas County Medical Society held its regular monthly dinner meeting at the Essex House at 6 p.m. on July 11. Dr. J. B. Quicksall presided.

Ten minute talks were given by Dr. C. V. Pollard and Dr. A. L. Mills on "Sterility in the Female," "Sterility in the Male" and "Experiments in Artificial Semination."

ST. JOHNS

The St. Johns County Medical Society has paid 100 per cent of its dues for 1946. Dr. H. E. White is president of this society and Dr. S. R. Cafaro is secretary-treasurer.

ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN

The St. Lucie-Okeechobee-Indian River-Martin County Medical Society has paid 100 per cent of its dues for 1946. Dr. W. F. Davey is president of this society and Dr. Adrian M. Sample is secretary-treasurer.

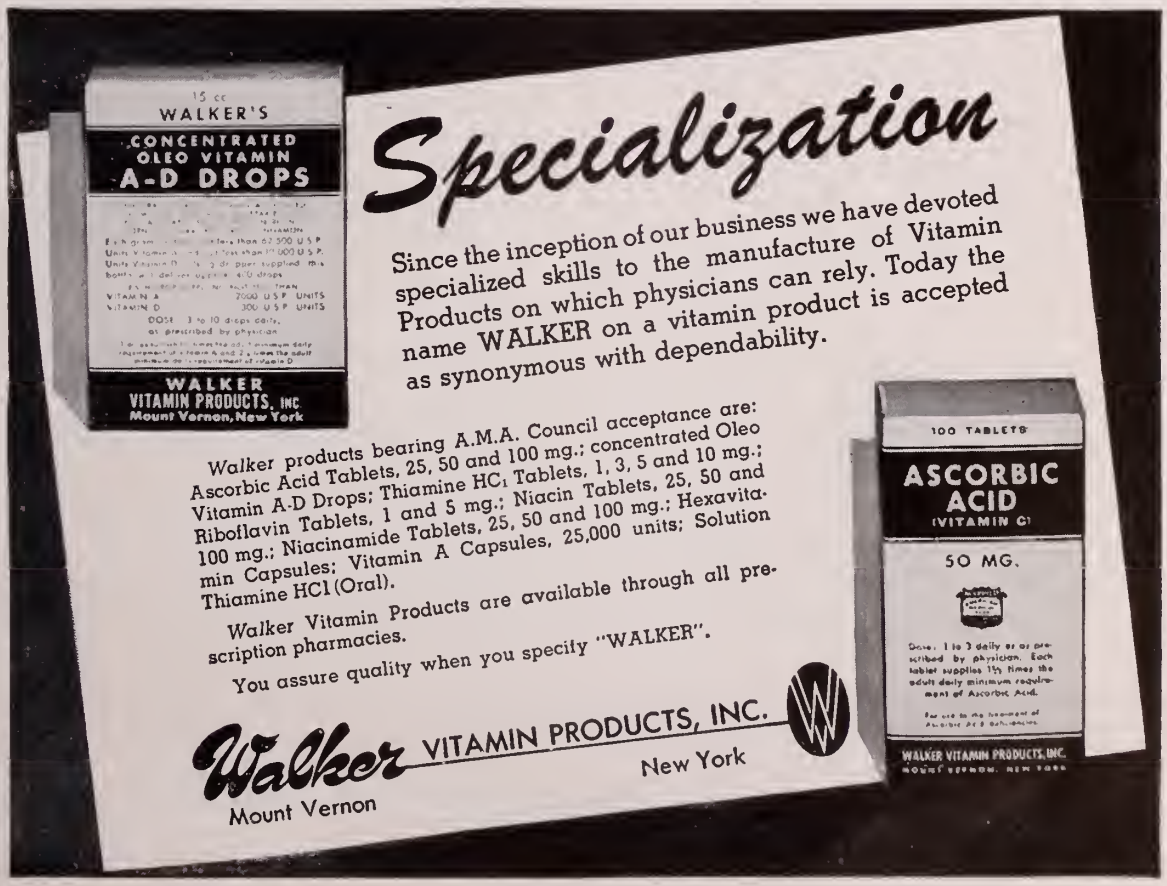


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PALM BEACH AUXILIARY

The Woman's Auxiliary to the Palm Beach County Medical Society held its May meeting at the home of Mrs. Grady Brantley, Lake Worth. The following new members, Mrs. S. A. Manalan, Mrs. R. M. Overstreet, Mrs. Lynn Fort, Mrs. C. M. Harris, Mrs. W. E. Van Landingham, Mrs. Scott Turk, Mrs. Oliver Jones, Mrs. W. B. Wilkins and Mrs. A. E. Murphy, were welcomed by the President, Mrs. Gaylord Lewis.

A report of the convention held in Jacksonville was given by Mrs. W. C. Williams, past state president. Three members from Palm Beach County were appointed to serve on the state board: parliamentarian, Mrs. W. C. Williams; war service, Mrs. Kenneth Montgomery; bulletin, Mrs. Gaylord Lewis.

The recommendations to the Woman's Auxiliary presented by Dr. Shaler Richardson were read.

Tribute was paid to the memory of Mrs. S. M. Copeland.

Plans for a dinner dance to be held at the Sun and Surf Club were discussed, and Mrs. Edgar Stephens was appointed chairman of arrangements.

The following special committee chairmen were also appointed: hospitality, Mrs. C. M. Harris; telephone, Mrs. Harry Moses; membership, Mrs. P. I. Hopkins.

At the election of officers, the present officers were unanimously re-elected: president, Mrs.



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Following is a summary of the past year's activities of the Auxiliary:

The membership increased during the year. Last year, Hygeia was placed in all of the county schools as a gift of the Auxiliary. This year, interest in the magazine was manifested by a doubling of paid subscriptions. Subscriptions to the Bulletin also showed a gratifying increase.

Our work in the Medicine Cabinet continues. The Cabinet is designed to furnish medicine for any patient whom the doctor treats without fee, when there is no other source from which to obtain it. The Board of the Medicine Cabinet recently joined with the Board of the Visiting Nurses Association to assist the doctor further in furnishing health facilities to this community.

Members of the Legislative Committee contacted the delegates from the local Y.W.C.A. to their national convention, and placed at their disposal material of our National Legislative Committee in regard to the Murray-Wagner-Dingell Bill.

A booth was manned by our members in the First National Bank of Palm Beach every day for two weeks for the sale of tuberculosis seals.

Our cooperation in the sale of war bonds was recognized by a citation from the government.

Palm Beach county felt the responsibility of complying with the request of the Board of Directors to assist in the sale of advertising for the Medical Directory. We made it in our major project for the year and are happy to report a total of $210 worth of space sold.

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, 1947
Florida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
A-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	Pensacola, Oct. 28, 1946
B-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	Gainesville, Oct. 30, 1946
C-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	St. Petersburg, Oct. 31, 1
D-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	Ft. Lauderdale, Nov. 1, 1
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 19
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Miami, Nov. 4-7, 1946
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 19
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, Nov. 2, 1946
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	Palm Bch., Nov. 11-13, 1946
Derm. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, 1947
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, Nov. 26, 27, 1
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Mr. H. A. Cross, Jacksonville	
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
Pediatric Society	Councill C. Rudolph, St. Petersburg	James R. Boulware, Lakeland	Miami, 1947
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, 1947
Public Health Association	George A. Dame, Jacksonville	E. M. L'Engle, Jacksonville	Miami, 1946
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
S. E. Sec. Am. Cong. Phys. Ther.	John J. McQuire, Pensacola	Kenneth Phillips, Miami	
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Gulfport, Miss., 1947
Southeastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Mar. 10-12, 1947

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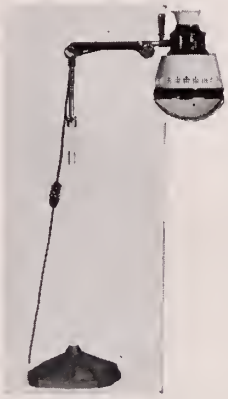
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Vol. XXXIII OCTOBER, 1946 No. 4

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OCT 15 1946

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A. M. Bidwell

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W. Carlton Rentz

Southern Medical Association Meeting
An Editorial

Board of Governors Meeting
An Editorial

District Medical Meetings
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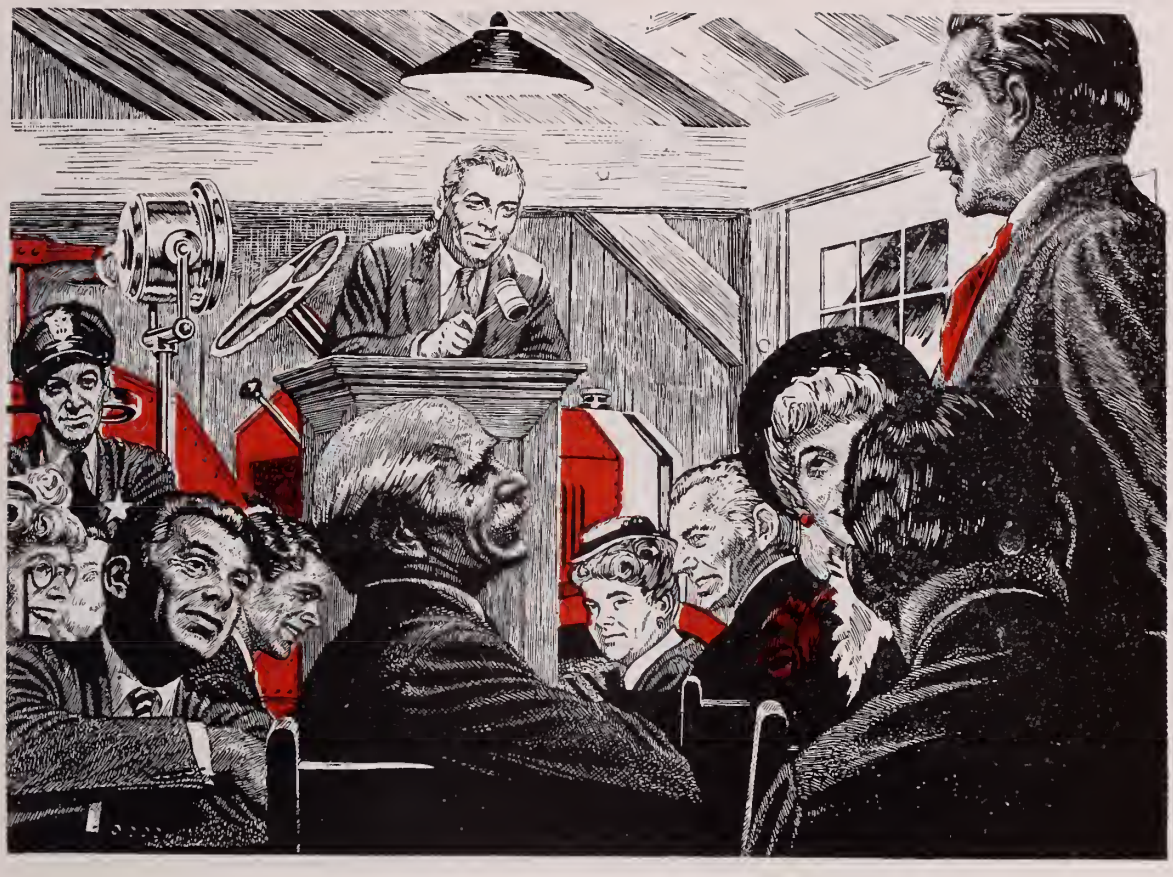
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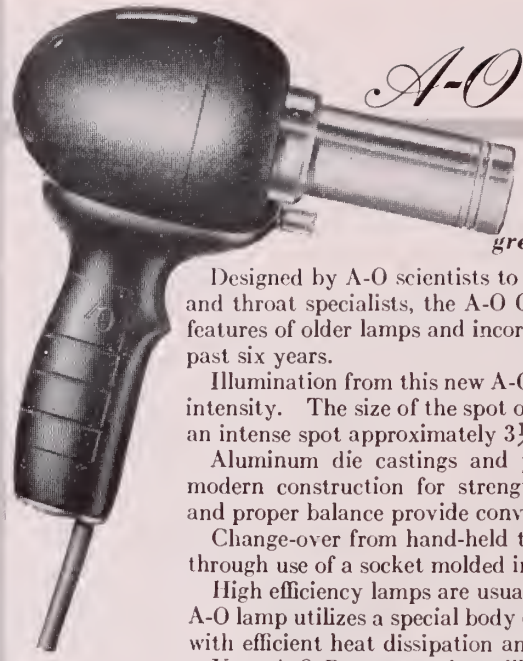
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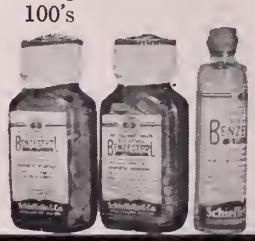
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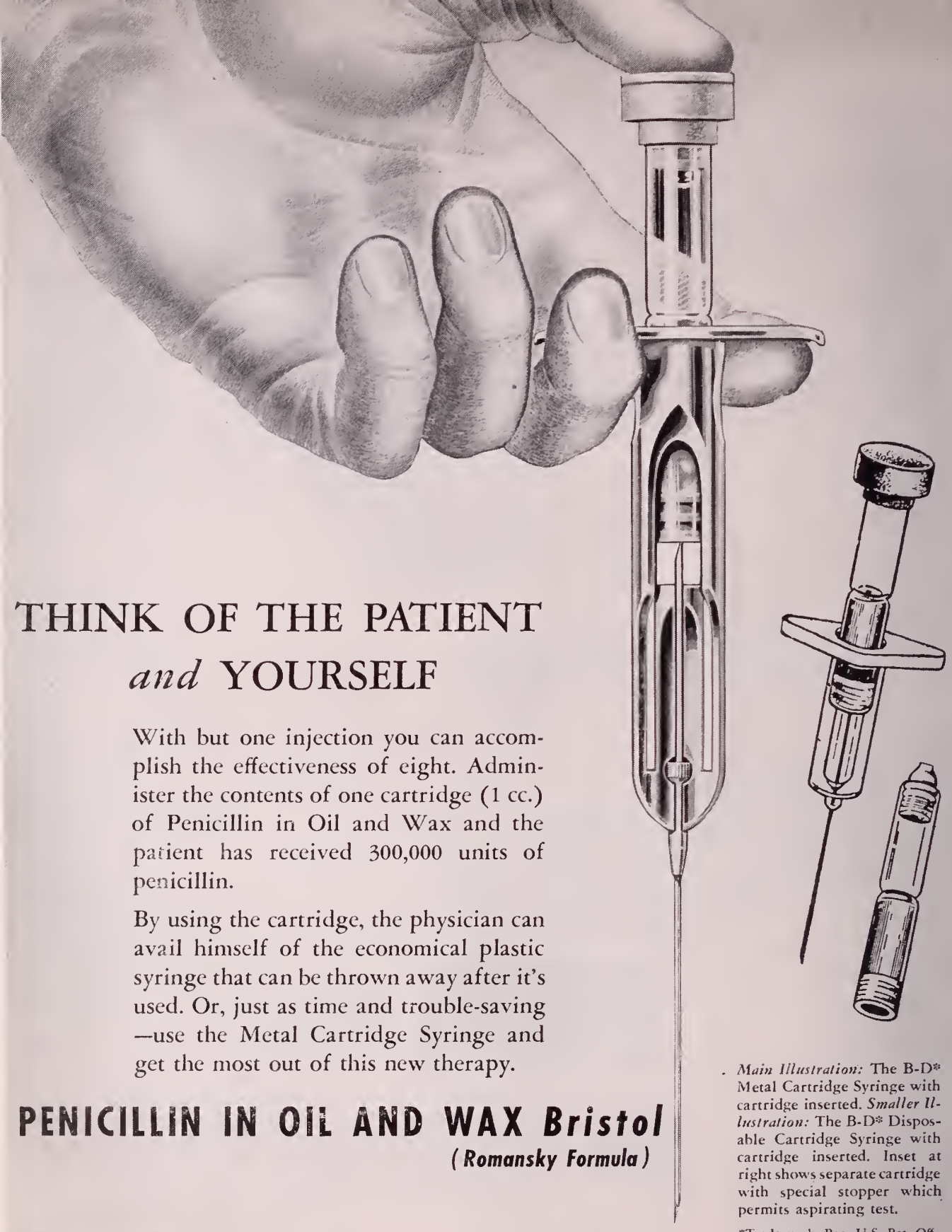
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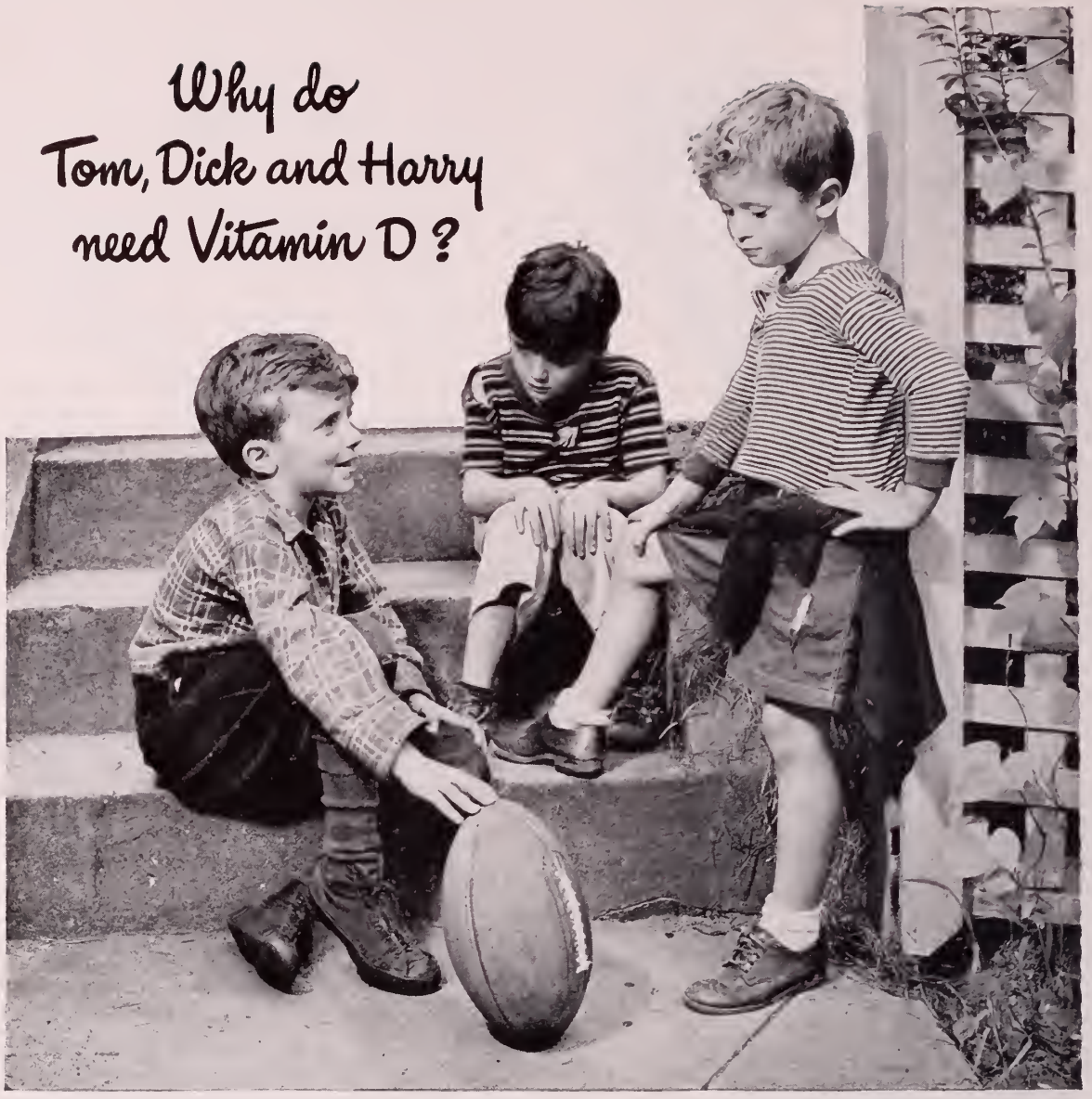
1. Am. J. Dis. Child. 66:1 (July) 1943.

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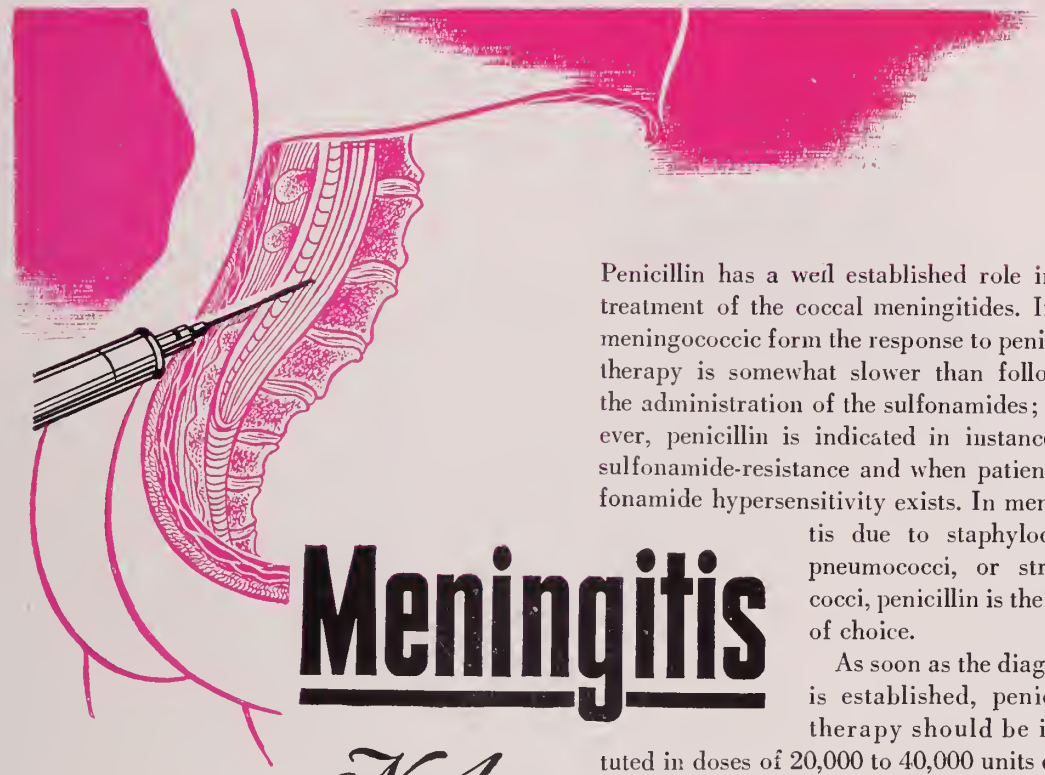


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SPINK, W. W., *and* HALL, W. H.: *Penicillin Therapy at the University of Minnesota Hospitals: 1942-1944. Ann. Int. Med. 22:510 (April) 1945.*

WHITE, W. L.; MURPHY, F. D.; LOCKWOOD, J. S., *and* FLIPPIN, H. F.: *Penicillin in the Treatment of Pneumococcal, Meningococcal, Streptococcal, and Staphylococcal Meningitis, Am. J. Med. Sc. 210:1 (July) 1945.*

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1. Lennox, W. G. (1945), Petit Mal Epilepsies: Their Treatment with Tridione, J. Amer. Med. Assn., 129:1069, December 15.
2. DeJong, R. N. (1946), Effect of Tridione in the Control of Psychomotor Attacks, J. Amer. Med. Assn., 130:565, March 2.



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1. Watson, B. P.: J. Clin. Endocrinology 4:571 (Dec.) 1944.

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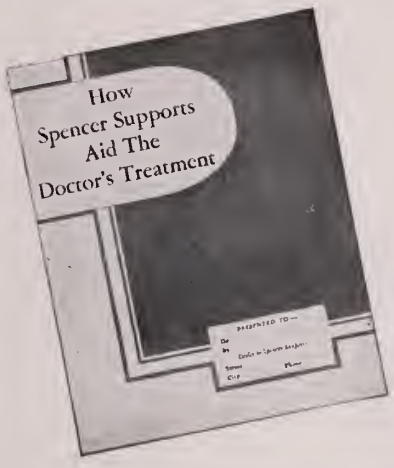
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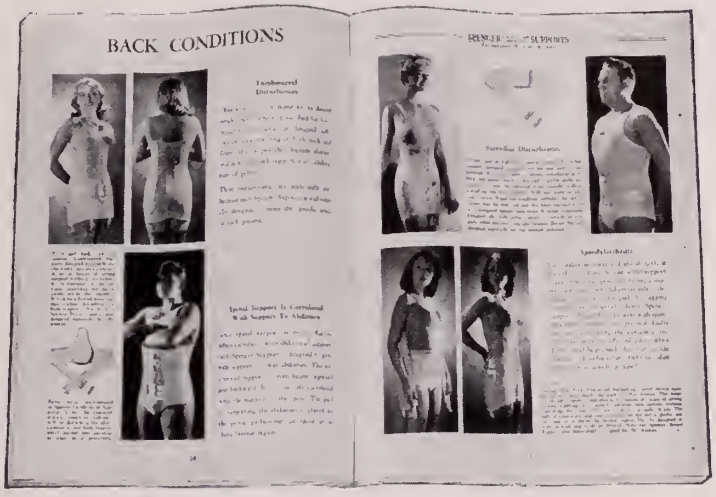
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
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TREATMENT OF SACROILIAC SPRAIN BY MANIPULATION

REPORT OF ONE HUNDRED AND FORTY-SIX CASES

A. M. BIDWELL, M. D.
TAMPA

Sacroiliac sprain is a definite entity. It is, in fact, the major cause of low back pain. This type of sprain occurs gradually as the development of relaxation and postural strain alters the mechanical and static forces of bodily equilibrium between the trunk and the lower extremities, or it develops suddenly as a result of some traumatic event. When the onset is gradual, referred pain does not develop for some time; when the onset is sudden, there is a history of an awkward movement resulting in a stitch low in the back. Sacroiliac sprain also sometimes accompanies crushing injuries of the spine or pelvis, or both. In these cases, when pain continues to be present over the sacroiliac joint, it usually is still displaced, and after manipulation the pain disappears. Anatomically, this joint has a wide irregular surface, the shifting of which even in slight degree produces symptoms of subluxation.

In cases of sacroiliac displacement, commonly called sprain, there is a history of a combined effort in motion, twisting of the trunk and tilting of the pelvis in one of many ways. The patient relates that while engaged in some activity, he was suddenly seized with severe pain in the lower portion of the back at the belt line either on the right or the left side, rarely on both sides. Almost always he mentions standing on a bias with one foot ahead of the other. To inquiry he replies that he is unable to straighten up and that when seated he cannot bend over to tie his shoe on the floor. This condition is observed not only in laborers engaged in hard labor but also in office workers and in persons at home as the result of an awkward move. It is often caused not by undue strain but by sudden awkward motion.

The pain is generally severe and localized at the site of the affected joint. Disability is as a rule immediate, and it is usual for the patient to be unable to continue at work. Collapse and inability to arise without assistance occur frequently. The period of temporary total disability is generally four or five weeks at a minimum and may be protracted to several months. The importance of prompt treatment is to be emphasized. Reduction should be by proper manipulation. Permanent disability should not be determined before six or eight months have elapsed in mild cases and eight or ten months in severe cases.

The physical findings are usually characteristic. The patient may be carried but more often walks into the office bent over forward, leaning and limping toward the affected side. Sitting, he is unable to reach his fingers to his shoes on the floor. The classical symptoms of lumbar flattening, scoliosis, muscle spasm, hamstring phenomena, and direct and indirect tenderness over the affected joint are not always present. With the patient stripped to the waist and standing with the back bare, flattening of the lumbar curve is usually observed, although in mild cases it may not be; scoliosis of the lumbar spine toward the injured side and of the dorsal spine away from the injured side is sometimes noted. Muscle spasm in the lumbar region is as a rule present in varying degree, depending upon the severity of the injury, but may be absent or observed only in extreme arcs of motion. On flexion of the spine, muscle spasm is more pronounced forward and laterally away from the injured side. In the more severe cases hamstring phenomena occur, but in the very mild cases they are not present although during the test for these phenomena there is usually indirect tenderness over the affected joint. In all cases there is direct tenderness, varying in degree according to the severity of the injury.

Roentgen examination almost always fails to reveal sacroiliac displacement. This type of sprain should be differentiated from traumatic or rheumatic sprain of iliolumbar ligaments, lumbar ligaments and lumbar articulations, sciatica, gluteal bursitis, trochanteric bursitis, myositic lumbago, involvement of pelvic organs, osteomyelitis or bone tumor of the pelvis, postural strain and ruptured intervertebral disk.

TREATMENT

One of numerous reasons why in many cases a chronic condition develops which may persist for many months and eventually require operative

Read before the Seventy-second Annual Meeting of the Florida Medical Association, Jacksonville, April 22, 23, 24, 1946.

fixation, is that most cases are not treated vigorously enough in the beginning. One of the older methods employed with or without the use of an anesthetic, depending on the degree of muscle spasm and lack of relaxation, is flexing the thigh to the abdomen with the leg extended, thereby stretching the hamstring muscles. This procedure is frequently accompanied by a click as though some dislocation were being reduced. Some have thought this clicking sound is caused by the slipping of the femoral head in the acetabulum. Another old manipulation consists of hyperextension of the thigh with the patient in a prone position. These and other older methods have not in my experience given the results obtained by use of the method herein described.

This method is the one used by Travell and Travell,[1] who reported that "the ultimate result in 162 cases of sacro-iliac displacement subjected to this form of manipulative technique showed 128 (79%) cured, 26 (16%) improved, 3 (1.9%) unimproved and 5 (3.1%) outcome unknown." In my series of 146 cases treated by this method over a period of a little more than three years since Sept. 21, 1942, the displacement was present on the right side in 85 and on the left side in 61, being bilateral in 5 of these cases; it was severe in 28 cases, moderately severe in 60, mild in 58, acute in 115, subacute in 12 and chronic in 19. Recovery resulted in 140 cases, and in 6 cases the outcome was unknown. The period of treatment consisted of two days in 2 cases, three days in 1, eight days in 1, ten days in 4, one week in 27, two weeks in 42, three weeks in 24, four weeks in 20, five weeks in 4, six weeks in 1, seven weeks in 7, eight weeks in 6, nine weeks in 2, ten weeks in 1, twelve weeks in 2, thirteen weeks in 1 and 20 weeks in 1. The average period of treatment ranged in mild cases from a few days to one week, in moderately severe cases from two to three weeks and in severe cases from three to four weeks. These results differ widely from those obtained by the use of older methods requiring treatment for one month in mild cases, from two to three months in moderately severe cases and four months in severe cases, with many cases becoming chronic.

In the majority of the cases the use of an anesthetic is not necessary. In some cases it is advisable first to obtain relaxation of the muscles by the application of static surge for thirty minutes. Usually, however, by getting the patient to relax as much as possible and by applying constant tension in the manipulation until the operator's arms feel tired, the muscles are sufficiently relaxed so that reduction is accomplished at the time of the thrust.

The manipulation is as follows: On the examining table the patient is placed on his side with the affected sacroiliac joint up. The lower extremity on the unaffected side is in a straight line with the body; the thigh and leg of the lower extremity on the injured side are slightly flexed so that the knee lies on the table in front of the knee on the unaffected side. The pelvis on the injured side is tilted forward so that the abdomen rests partly on the table. The shoulder on the unaffected side is drawn forward, and the shoulder on the injured side is pushed backward. The operator then places the palm of one hand on the shoulder of the affected side and exerts pressure backward with the forearm at right angle to the shoulder; he places the palm of his other hand on the ilium of the injured side, with the heel of the hand just above the ischium, the inner margin of the hand at the sacroiliac joint and the forearm at right angle to the buttocks. He now exerts steady pressure with both hands, putting forth his greatest effort to effect maximum rotation of the pelvis on the spine. After maintaining this position until his arms tire, he gives a thrust with both hands. A click or series of clicks, sometimes called crunches, then occurs as the subluxation is reduced. Satisfactory reduction is sometimes obtained without the hearing of a crunching sound.

When there is perhaps not sufficient objective proof of dislocation of the sacroiliac joint, the application of this technic offers a therapeutic test for determining its presence. The results in most cases are startling. The patient now stands erect and walks without a limp. Sitting, he is able to reach his shoe on the floor, and when he gets up from a chair, his back feels free. The pain is gone although the soreness remains.

AFTER-CARE

The after-care depends on the severity of the injury. In all cases the patient is shown how to get in and out of bed. To get in bed, he is instructed to face the head of the bed with the leg on the sprained side against the side of the bed, the hands on the bed, the face down, and the body, thigh and leg all in a straight line. He next swings up onto the bed with the injured side,

keeping the foot on the unaffected side resting on the floor and drawing it into bed afterward. He may then turn over on the back. To get out of bed, this performance is reversed. Starting with the face down, he puts the foot of the uninjured side on the floor first; then the body and the lower extremity on the sprained side in a straight line are rolled off the bed.

The patient is cautioned in picking up an object from the floor to come alongside of it and squat straight down with a straight back. To obtain an object at the side, he should not turn on the spine with the feet fixed on the floor, but should walk around. To mount or descend steps or curbs and to get in and our of a car, he should push himself up and let himself down with the leg on the uninjured side. In lifting, he should stand with the feet even, not on a bias with one foot behind the other, and should use the knees and hips, not the back.

A liniment containing equal parts of oil of turpentine and methyl salicylate is prescribed. The patient is directed to apply a hot compress to the painful area for twenty minutes and then rub this area with the liniment for two minutes four times daily, at 8 a.m., 12 p.m., 4 p.m. and 8 p.m.

In mild cases, this after-treatment is all that is usually required. In moderately severe and severe cases, the patient is sent home to rest in bed for one week, with lavatory permission granted, and is then allowed up. In severe and chronic cases, after the end of the first week the patient wears a suitable sacroiliac belt as protection for as long as two or three months after he has returned to work.

SUMMARY

The characteristic features of sacroiliac sprain are recounted, and a method of treatment by manipulation is described. A series of 146 cases is presented in which this therapy produced spectacular results, greatly reducing the average period of treatment and effecting recovery in 96 per cent of the cases.

REFERENCE

1. Travell, W., and Travell, J.: Technic for Reduction and Ambulatory Treatment of Sacroiliac Displacement, Arch. Phys. Therapy 23: 222-234 (April) 1942.

401 First National Bank Building.

DISCUSSION

Dr. Frank D. Gray, Orlando: First I wish to congratulate Dr. Bidwell on a well prepared paper. Also, I wish to congratulate him on the excellent results obtained in his cases.

I have used this method of treatment for a good while. About eight years ago, I think, at the Southeastern Surgical Congress in Atlanta Dr. Harper of Selma, Ala., read a paper and presented a moving picture showing this procedure. I have used it off and on since that time. I think the results are excellent in the treatment of sacroiliac sprain. It does not work in other types of low back ache and back aches of different types in women, but in typical sacroiliac sprain it does work. To carry out this treatment properly, though, it takes someone of Dr. Bidwell's physique to give more than two treatments in one morning. If the one who carries out this procedure gets any results, when he gets through with one case he is about in the same condition as the patient. It does take physical strength to relax such a patient.

I have found that an injection of 1 per cent novocain over the affected area before starting this procedure helps the patient relax. It also helps out on the end results. In a few cases this measure does not help (I have had a good many), and it becomes necessary to give a general anesthetic. In these cases one has to take the patient to the hospital, manipulate the spine and apply a plaster cast to get good results. Of course the differential diagnosis should be carefully made. This treatment will do no good if there is a protruding disk.

I think this is an excellent procedure, and I certainly want to congratulate Dr. Bidwell on the results he has obtained in carrying it out in a large series of cases. One sees many of these cases in industrial surgery. They are always typical. When a physician enters his office or examining room and sees the patient sitting down, giving a history of having an injury which causes his back to hurt usually on one side, he may be sure there is almost definitely a sacroiliac sprain.

Thank you very much.

Dr. F. A. Vogt, Miami: I, too, should like to congratulate Dr. Bidwell on the excellent results he apparently has achieved with his special manipulative treatment of patients suffering with low back pain. I say low back pain for the reason that I disagree rather emphatically with Dr. Bidwell's diagnosis of sacroiliac sprain. I believe that he is diagnosing as sacroiliac sprain, other lesions such as lumbosacral sprain, protruding intervertebral disks, muscle strains, exaggeration of arthritic conditions in the lower lumbar spine, and other lesions due to instability of the lumbosacral junction. In reviewing my files for the last three or four years, I can find no single instance of a diagnosis of sacroiliac sprain.

Since receiving a copy of Dr. Bidwell's paper several months ago, I have attempted in some of my cases of low back pain to use this particular manipulation, but I have failed, probably because I did not know the exact technic. I am, however, going to try to perfect the technic a little more accurately and see what results are obtained. I thank you.

Dr. H. W. Virgin, Miami: Dr. Bidwell has asked me to discuss his paper in some detail. It is my opinion that the medical profession, that is, the orthopedic group and particularly the younger orthopedists in this country, have shied a bit from the manipulation therapy because of the apparent association in the minds of the public between manipulation and the nonethical practitioner. I should like to point out, however, that the older orthopedists in years past—probably some are here in person—were interested in manipulative therapy. Many of the members present have studied under these men and have seen some of their manipulative work.

I believe that this procedure has a definite place in the treatment of low back disorders. Recently, I should say about five or six years ago, the American Academy of Orthopedic Surgeons devoted a symposium to manipulative treatment of low back pain. Some of the outstanding orthopedists have written articles on manipulative surgery in low back difficulties. Some of you may have read what was written by Jostes of St. Louis. Several different procedures have been advocated, and the one outlined by Dr. Bidwell is in common use by a number of orthopedic surgeons throughout the country.

I should like to disagree, as Dr. Vogt does, with the conclusion that we can attribute the greatest portion of

painful low backs to the sacroiliac joint. I do not believe that is so. The lumbosacral joint is by far the more susccptible to trauma. It is also the joint about which the greatest number of congenital anomalies occur. Dr. Al Shands, orthopedic surgeon known to many here, in his book on orthopedic surgery, pointed out that in 25 per cent of all cases that come under the care of the orthopedist there will be unquestioned congenital anomalies of the lower back. In the orthopedic department of the University of Wisconsin a number of years ago, I assisted with some research in which dissection and roentgen studies were used; this investigation indicated that 35 per cent is a closer estimate.

I have here some slides showing the more frequent anomalies, and I hope that they will serve as a warning to anyone contemplating this manipulation procedure. Roentgen studies of all backs should be made before manipulation is attempted in order that this therapy do no harm. I use a Latin phrase "primum non nocere," which means "first, do no harm."

A great number of cases of low back pain that simulate the typical sacroiliac syndrome are not of sacroiliac origin at all. This conculsion can be easily explained by some of the roentgen findings. Certainly one should not use manipulation in cases of arthritis, nor those of infected low back joints. Intervertebral disks that have ruptured cannot be manipulated. Also, one must not manipulate congenital anomalies.

DR. BIDWELL (concluding): I want to thank Dr. Gray, Dr. Vogt and Dr. Virgin for discussing this paper. I appreciate their contributions very much.

I thank you.

A HISTORY OF MEDICINE IN DUVAL COUNTY

PART IX

WEBSTER MERRITT, M.D.
JACKSONVILLE

The yellow fever epidemic of 1877 brought immediate action. Drs. Baldwin, Sabal and Hartridge, the Health Committee of the Jacksonville Board of Health, were assigned to study the local causes of disease and to recommend measures for the improvement of sanitation in the city. [266] Unaware that the mosquito is the vector of yellow fever, most health officers in those days believed that the disease was spread by poor sanitation.

At a meeting of the Board of Health on December 3, 1877, Dr. Baldwin read a report which dealt with drainage and sewerage. [267] First, he called attention to the river front and suggested that a bulkhead be built along Bay Street, after which the space left between the natural bank and the bulkhead could be filled. Next, he directed attention to "the pond," which lay in La Villa at the western limits of the city. Actually, "the pond" was a swamp bounded by Forsyth, Church, Clay and Jefferson streets, in a small area of which water stood at a depth of several feet. [268] He called it an "unsightly and stagnant morass," pointed out that it was in about the same condition as in 1857 when yellow fever began there, and made recommendations for draining it. Third, he presented for examination the unhealthful Pine Street sewer, traced its history, discussed its topography and told why it was inadequate. Finally, he called attention to Hogans Creek, whose crooked channel was choked with a rank growth of water plants, trash and garbage, and told of its contamination by sewage from dwellings, yards, slaughter houses and the jail.

Dr. Baldwin stated:

> . . . active measures should be taken to effect a . . . removal of these pestiferous sloughs, before another summer's sun shall . . . set them into fermentation to brew (an) installment of telluric and atmospheric contamination . . .

In a prophetic tone he concluded the report thus:

> . . . it is . . . warrantable to draw upon the future (by taxation) for aid in carrying out a necessary improvement whose benefits are to last after the present and succeeding generations have passed off the stage . . . However much opposed the majority of the voters may have been to bonding the city . . . no such objection can be alleged against . . . assistance for an improvement which has for its sole object the preservation of the health . . . the prolongation of life . . . and . . . the good reputation and future prosperity of our city . . . From what is known of the geological formation underlying the city . . . we may reasonably expect . . . by carrying our boring below the rocks which form the bed of the river . . . (to) reach streams which do not have any connection with the river . . . and (thus) furnish flowing wells. [266]

Following this presentation by Dr. Baldwin a request was issued for an informal meeting of citizens to be held on December 5. Present were:

> Messrs. Wheeler, Eells, Koopman, Dzialynski, Tibbitts, Bostwick, and Hartridge of the aldermanic board; Drs. Baldwin, Robinson and L'Engle of the medical fraternity; Col. Daniel, Capt .E. M. L'Engle, Mr. Bentley, T. E. Buckman and other citizens . . . [269]

Colonel J. J. Daniel submitted a plan whereby it was proposed that "The Board of Public Works for Duval County" be organized without bonding the city, but legal difficulties with his plan were encountered. At a joint meeting of the City Council and County Commissioners on December 10, it was agreed that the immediately necessary improvements recommended by the Health Committee would be made [270] and shortly thereafter a "bond election" was announced for January 15, 1878. Jacksonville had issued bonds in 1857 in order to help finance the Jacksonville, Atlantic and Gulf Central Railroad. Although these bonds had not been repudiated following the War Between the States, they had not been paid, and

many people questioned the propriety of issuing more bonds for any purpose. Indeed, the "bond issue" became the chief topic of conversation and the subject of many editorials. [271] On election day the electorate cast 625 votes for and 159 votes against, [272] whereupon $250,000 in twenty year, 8 per cent Sanitary Improvement Bonds were issued, and expenditure of the money was relegated to the Sanitary Bond Trustees, Dr. Baldwin, Chairman, Dr. T. Hartridge, Mr. S .B. Hubbard, Mr. M. W. Drew and Mr. J. J. Daniel. Secretary. Mr. R. N. Ellis was engaged as "Engineer and Superintendent."[268, 273]

The plan of public works to which the proceeds of the Sanitary Bonds were to be applied was first, drainage and filling of the low grounds at the west end of the city and at the head of Newnan Street; second, improvement of Hogans and McCoy's creeks; third, construction of a system of sewers and establishment of the Jacksonville Water Works. Without waiting for the bonds to be issued, work was begun promptly on the more urgent part of the project, that is, the draining of "the pond," the covering of the immense garbage pile at the head of Newnan Street and the clearing of Hogans Creek. [273, 274]

On April 20, 1878, an article appeared in a local paper telling of the drainage of "the pond:"

THE MAIN SEWER COMPLETED—PRESENT APPEARANCE OF "THE POND"

> The laying of the main sewer through Clay Street was completed last evening . . . The main pipe extends from the river to Church Street and near its head Dr. Baldwin has constructed a large reservoir on one of his lots, the water accumulating there to be used in flushing the sewer. In the center of the pond or reservoir there is a small square piece of land rising two or three feet above the water upon which the doctor proposes to construct a greenhouse. The lot in which the reservoir is located will be fenced in and cultivated.*
>
> The changes wrought by the sanitary improvement operations are wonderful and to be appreciated must be seen. Where once was wet, boggy land, it is now dry and level and "the pond" is almost a thing of the past. The old resident who occasionally strolls out to this interesting part of the city is struck with the change, and invariably regales the younger listener with stories of the duck shooting he used to enjoy in this locality. . . . From now until its completion the work will be pushed rapidly forward and May 1 will doubtless see it entirely completed. [275]

On April 25 there appeared an account of the clearing of Hogans Creek:

HOGANS CREEK

> Between Market and Pine (Main) the stream was in a wretched condition, being nearly choked with all sorts of rubbish . . . (Here) the water course is lined on either side with a dense growth of underbrush. Large trees that stood upon the banks were felled, it is said, 15 years ago across the stream** and allowed to remain, forming an imperfect dam. This has served to catch and hold the vast amount of rubbish that has found its way into the creek, a good portion of its city scavengers' gatherings, in some previous years, it is alleged, having been dumped into the creek at Pine Street. This stream was, years ago, used for rafting logs, and among the debris was found 8 large mill logs. The mass was in a horrible condition, and gave off a most offensive smell whenever stirred by the tools of the laborers. In fact work had to be suspended in order to let the men go out to fresh air . . . 2 of the men were taken sick . . . and had to be removed to the jail and the city physician was called. At present from Pine Street to the river there is an open channel . . .[276]

In May the Board of Sanitary Trustees made settlement with Captain A. J. Bentley for the work near "the pond" and at the head of Newnan Street. The total cost was said to have been about $14,000. The cost of the preliminary clearing of Hogans Creek was only about $200, for the work was performed by county convicts.[273, 277]

The Florida Medical Association met in Jacksonville April 16-18, 1878. [278, 279] The meeting convened in the "spacious and elegant rooms" of the newly built Florida Yacht Club. The President's chair was draped in mourning and decorated with floral pieces. Dr. T. M. Palmer of Monticello was selected to preside, and as a mark of respect to the memory of the late President, Dr. F. P. Wellford, the meeting was adjourned almost immediately until midafternoon.*** When it reconvened, resolutions and eulogies were offered, and after a report by a special committee of the Duval County Medical Society, the following was adopted by the Association:

> Resolved, that a committee of three be appointed to take such steps as they may deem necessary, to erect a suitable monument to the memory of our late friend and brother, F. Preston Wellford, M.D.****

The Key West Medical Society, however, recommended that a scholarship be established in a "respectable medical school" and that it be known as the Wellford Scholarship, whereupon this recommendation was referred to the special committee which had just been appointed.

On the morning of the second day of the meeting, Dr. Daniel read a paper on the yellow fever

*This reservoir became known as Dr. Baldwin's Fish Pond. It was located north of Adams Street between Clay and Cedar. Later it was decorated with trees and bamboo. Here Dr. Baldwin used to spend many of his leisure hours.

**Probably by Union soldiers to allow them to get horses and wagons across the stream.

***For an account of the President's tragic death see Part VII.

****Drs. Baldwin, Daniel and Kenworthy were appointed to this committee.



Hogans Creek today, looking northwest from Julia Street. (Photo by RSA)

epidemic in Jacksonville during 1877, which was of unusual interest. He also presented a map of the city showing the infected districts and presented reports from Drs. Drew, Fernandez, Knight, Mitchell and Sabal. Dr. Daniel concluded that the disease was of local origin, and this opinion was shared by Drs. Drew, Fernandez, Mitchell and Sabal. Drs. Baldwin and Knight, however, believed that the disease had been introduced into Jacksonville from Fernandina. Dr. Daniel's paper was followed by that of Dr. C. W. Horsey, which was a report of the yellow fever epidemic at Fernandina in 1877.

The chairman of the committee on nomination of officers reported as follows:

For President: Dr. R. D. Murray of Key West

For First Vice President: Dr. A. L. Randolph of Tallahassee

For Second Vice President: Dr. C. W. Horsey of Fernandina

For Secretary: Dr. Joseph Y. Porter of Key West

For Treasurer: Dr. J. D. Fernandez of Jacksonville

The report was adopted, and the officers nominated were declared duly elected.

On the evening of the second day the annual oration, "Go Heal the Sick," was delivered by Dr. Kenworthy to a large audience at the Yacht Club. The President's table, draped in mourning, held a tray of beautifully arranged white flowers, on each side of which stood a large bouquet. Upon the chair behind the table hung a wreath of white

roses and oleanders. These flowers were given and arranged by Mrs. Daniel, Mrs. Fernandez and Mrs. Kenworthy.

On the third and last day of the meeting, with President Murray presiding, Dr. Sabal read a letter from Dr. J. P. Wall of Tampa, who advised that a "State Sanitary Association" be formed. He suggested that it be made up of men of all vocations and urged that the Florida Medical Association inaugurate the movement. Much time was devoted to the discussion of yellow fever. Dr. Baldwin delivered a talk on the importation theory, while Dr. Murray declared that he believed the disease was of local origin. It was resolved that the Committee on the State Board of Health be instructed to continue its labors and that the Committee on Incorporation be directed to prepare an Act of Incorporation for the Association and endeavor to have it passed at the next assembly of the legislature.

After much debate, the following resolution was adopted:

> Resolved, that a special committee be appointed to draft a revision or a substitute of the laws governing the practice of medicine in Florida; and instructed to present it for action by the Legislature.*

Dr. J. Y. Porter of Key West offered the following resolutions:

> Resolved, by the Florida Medical Association, that there shall be three trustees appointed . . . to be known as the Trustees of the "Wellford Fund."
>
> Resolved, that in honor and commemoration of the noble life and sacrificial death of our late President . . . a fund be established for the purpose of perpetuating his name and aiding needy students of medicine . . .
>
> Resolved, that the beneficiaries be residents of this state and really deserving and needy and that when a sufficient amount is attained a scholarship be secured in a reputable medical college, preferably the one which gave our late President his medical degree.

Dr. Murray strongly favored these resolutions, whereupon they were referred to the committee on the erection of a monument.**

Before the meeting was adjourned, Jacksonville was designated as the meeting place for the third Tuesday in April of the following year, 1879.

BIBLIOGRAPHY

266. The Daily Sun and Press, Jacksonville, Florida, December 5, 1877. The Florida Times-Union Files.
267. Ibid. December 4, 1877.
268. History of Jacksonville, Florida, and Vicinity, T. Frederick Davis, 1925.
269. The Daily Sun and Press, Jacksonville, Florida, December 6, 1877. The Florida Times-Union Files.
270. Ibid. December 11, 1877.
271. Ibid. December, 1877, January, 1878. The Florida Times-Union Files.
272. Ibid. January 16, 1878.
273. Reports of the Trustees of the Sanitary Improvement Bonds of the City of Jacksonville, Florida, July 1, 1881 to March 14, 1883. Surgeon General's Office Library.
274. Webb's Jacksonville Directory, 1882. The Jacksonville Public Library.
275. The Daily Sun and Press, Jacksonville, Florida, April 20, 1878. The Florida Times-Union Files.
276. Ibid. April 25, 1878.
277. Ibid. May 8, 1878.
278. Proceedings of the Florida Medical Association, Session of 1878. Surgeon General's Office Library.
279. The Daily Sun and Press, Jacksonville, Florida, April 14, 16 17, 18 and 19, 1878. The Florida Times-Union Files.
280. Proceedings of the Florida Medical Association, 1879. Surgeon General's Office Library.

*The President appointed Drs. Betton, Kenworthy, Phillips, Sabal and Wall to be the members of this committee.

**Unfortunately, neither was a monument erected nor a scholarship established. At the meeting in 1879 Drs. Baldwin, Daniel and Kenworthy reported that they had met with little success in raising funds. [280]

LIGATION OF THE INFERIOR VENA CAVA AS A THERAPEUTIC PROCEDURE

W. CARLTON RENTZ, M.D.
MIAMI

Up to 1937 only 8 cases of ligation of the inferior vena cava had been recorded. In the earliest cases this procedure was done purely for injury to the vena cava or renal veins during surgery. The earliest group of ligations for therapeutic reasons was reported by Miller in 1927; the indication was puerperal pyemia, and the approach was of necessity the transperitoneal.

Ligation of the inferior vena cava above the renal veins is invariably fatal. Below this level, however, ligation can be done with safety, and the amount of residual edema is directly proportional to the rapidity with which the vein is ligated or obstructed. If the obstruction is rapid, the edema will be severe, but if the obstruction is gradual, the edema will be less because there has been time for the establishment of collateral circulation. The collateral circulation takes place through the veins about the spinal canal, the groin and the azygos veins.

DIAGNOSIS

Indications for deep venous ligation other than thrombosis are (1) chronic ulcers of the leg, which have not responded to saphenous ligations, (2) puerperal pyemia and pelvic thrombosis, and (3) chronic edema, pain, and great fatigue according to some authors, but results following ligation in cases of this type have been less gratifying.

The clinical picture is one of pain, edema and a positive Homan's sign. The diagnostic methods used for confirmation of this clinical picture are (1) measurements of the leg at various levels compared with those of the good leg, (2) phlebo-

Read before the Staff of the Jackson Memorial Hospital, Miami, May 14, 1946.

graphy and (3) determination of venous pressure. Of these three methods, phlebography has practically been abandoned. Allen[1] of Massachusetts General Hospital, up to August 1945, had ligated the femoral vein of 861 patients. He had abandoned phlebography and was of the opinion that frequently because it is difficult to determine in which leg the thrombus lies or the level of the thrombus, both femoral veins, the common iliac vein, or the inferior vena cava should be ligated if the level of the thrombosis cannot be determined.

Following ligation or thrombosis of a deep venous channel, there is an elevation of the venous pressure until a collateral circulation has been set up. Venous pressure should always be taken in each lower extremity, and if there is a bilateral elevation, the venous pressure of the arms should be determined to rule out a general increase in pressure, such as occurs in congestive heart failure. Venous pressure is also of value during convalescence to determine when the patient should become ambulatory, that is, when the pressure approaches normal. Frequently, in cases of pulmonary infarct or pulmonary embolism when the veins of the leg are suspected, this condition can be proved or disproved by determination of the venous pressure. The offending leg can also be recognized in this way. This is a simpler and more accurate procedure than phlebography.

OPERATIVE TECHNIC

Two routes for ligation of the inferior vena cava are available, the extraperitoneal and the transperitoneal. The extraperitoneal approach should be chosen for disease of the extremities, and the operation should be done on the right rather than the left. On the right the common iliac vein and the inferior vena cava are lateral to the common iliac artery and the aorta, whereas if the approach is from the left, they are medial to these vessels, and the arteries must be retracted, which procedure makes the operation technically difficult and sometimes impossible. The transperitoneal route is the one of choice only in cases in which the thrombotic or embolic process takes its origin in the pelvis viscera involving the uterine and ovarian veins.

TREATMENT

Postoperative treatment consists of elevation of the legs, use of elastic bandage or elastoplast, and paravertebral injection of novocain when necessary for excess or persistent edema of the legs. Venous pressure should be taken to determine when collateral circulation is adequate, although a good practical substitute is that of simply having the patient walk and observing the degree of the edema, pain, or ease of fatigue.

Prophylaxis consists of (1) active exercise of the leg postoperatively and postpartally, (2) early ambulation and (3) avoidance of Fowler's position, which causes stasis in the legs and pelvis. Ochsner[2] routinely places the patient with the foot of the bed elevated until the patient is conscious enough to exercise the legs actively. He believes that application of heat to the abdomen not only increases the tone of the intestine, but reflexly causes vasodilatation of the extremities, which counteracts the usual vasoconstriction which takes place postoperatively.

There is no universal agreement as to the time anticoagulation therapy should be instituted in the treatment of thrombosis. A few internists believe that it should be used to the exclusion of surgery. A few surgeons, who appear to be just as radical, believe that it should not be used at all in association with surgery. Northway and Buxton[3] reported 10 ligations of the vena cava in which anticoagulants were not used preoperatively or postoperatively. Allen[1] stated that in 6 per cent of the cases with infarcts preoperatively there develop postoperative infarcts, and for this reason anticoagulation therapy should be given. It would seem that a safe, conservative policy would be that of withholding anticoagulation therapy until surgical treatment is definitely decided upon or definitely abandoned. In the event of surgical intervention, anticoagulation therapy with dicumarol should be instituted postoperatively. There is enough perivascular exudate and oozing in these cases without adding the additonal oozing brought about by the preoperative anticoagulation therapy.

REPORT OF CASE

A 50 year old man was seen Sept. 1, 1945, after he had jumped from a small tree and had landed on a rock. There was roentgen evidence of a fracture of the medial malleolus of the right tibia. A boot cast was applied with no manipulation.

The patient had no pain in the leg, but noticed a progressive swelling of the leg and thigh above the cast, which necessitated its removal on September 10. Following the removal of the cast the swelling persisted to a slight degree. On September 16 he complained of pain in the right side of the chest and fever. A friction rub was heard, a diagnosis of pleurisy was made, the chest was strapped, and sulfadiazine was prescribed. On October 5 the patient produced some blood-streaked sputum, and a roentgenogram revealed an area of consolidation in the right lung. Because of lack of space the patient could not be admitted to the hospital, but was treated at home with sulfadiazine and penicillin. Examination of the blood

at this time showed a red cell count of 3,970,000, a hemoglobin estimation of 84 per cent (14.5 Gm.) and a white cell count of 14,750. The reaction to the Mantoux test was 3 plus, and three examinations of sputum gave negative results. There was a low grade fever with the temperature ranging up to 100 F.

On October 13 the patient experienced pain in the left side of the chest with a temperature of 101 F. and was admitted to Jackson Memorial Hospital. Roentgen examination revealed a great degree of clearing of the right lung with an infiltrative process at the base of the left lung. Hemoptysis again developed. Laboratory work consisted of repeated examinations of sputum with results negative for tuberculosis and an examination of the blood showing a red cell count of 5,050,000, a hemoglobin estimation of 90 per cent (15.3 Gm.) and a white cell count of 17,850. The temperature ranged from 101 to 103 F. during this period of hospitalization, and the specialist in diseases of the chest who was consulted was inclined to believe the process was that of a virus pneumonia. During this time the swelling of the leg had disappeared, and there was no pain. The patient was discharged on October 27 for bed rest at home.

A telephone conversation with the wife of the patient on November 1 indicated that for the preceding two days he had had a considerable degree of pain in the lower portion of the abdomen with distention and on that day he had pain in the left leg with swelling. Examination of the patient at home revealed a moderately swollen leg, slight abdominal distention and a positive Homan's sign. He was again admitted to Jackson Memorial Hospital with a diagnosis of bilateral femoral and vena cava thrombosis. Laboratory work at this time showed that the clotting time was four minutes and fifty-five seconds, the bleeding time one minute and the prothrombin time fourteen and three-tenth seconds.

Surgical consultation was held,* and on November 2, through a right inguinal extraperitoneal approach the vena cava was exposed with difficulty because of much organized exudate and excessive bleeding. The vein was opened, and an organized clot was removed with a free flow of blood above. The vena cava was ligated, and the patient was given 1,500 cc. of blood on the operating table with another 1,000 cc. during the next forty-eight hours.

Dicumarol was given to maintain a prothrombin time between twenty and thirty-eight seconds. There was no postoperative pain, and there was a minimum of swelling of the extremities. The swelling was so slight that only ace bandages were used to control it. The patient was discharged on November 14 and became ambulatory on November 24. Upon ambulation there was no pain and little swelling.

The patient returned to light work on December 3 and about Jan. 2, 1946, returned to his regular work of a booster pump operator, which requires being on his feet a considerable portion of the time. At the present time he does not restrict himself in any way. He walks considerably and frequently mows the lawn without difficulty. The only subjective sensation of any difference in his present condition and that before surgical treatment is ease of fatigue. Objectively, there are a few superficial varicosities.

Determination of the venous pressure on April 4 was in the right leg 120 mm. of water and in the left leg 85 mm. This is to be compared with that of another case of common femoral ligation on the right side done about two weeks after this ligation, in which the determination of the venous pressure on April 5 was in the right leg 220 mm. and in the left leg 70 mm. This patient, at the present time, has a moderate amount of swelling and finds it necessary to wear an elastic stocking.

SUMMARY

A case of ligation of the inferior vena cava is presented with a review of the literature of caval and deep venous ligation.

*Dr. R. M. Fleming was the surgical consultant who did the ligation in this case.

REFERENCES

1. Allen, A. W.: Editorial—Venus Thrombosis and Pulmonary Embolism, Surg., Gynec. & Obst. **82**: 232 (Feb.) 1945.
2. Ochsner, A.: Intravenous Clotting, Surgery **17**: 240-263 (Feb.) 1945.
3. Northway, R. O., and Buxton, R. W.: Ligation of Inferior Vena Cava, Surgery **18**: 85 (July) 1945.

OTHER REFERENCES

Buxton, R. W., and Coller, F. A.: Surgical Treatment of Long Standing Deep Phlebitis of Leg. Surgery **18**: 663 (Dec.) 1945.

DeBakey, M.; Schroeder, G. F., and Ochsner A.; Significance of Phlebography in Phlebothrombosis, J.A.M.A. **123**: 738-744 (Nov. 20) 1943.

Homans, J.: Deep Quiet Venous Thrombosis in Lower Limb; Preferred Levels for Interruption of Veins; Iliac Sector or Ligation, Surg., Gynec. & Obst. **79**: 70-82 (July) 1944.

Kern, H. W., and Berman, E.: Ligation of Inferior Vena Cava for Pneumonic Thrombophlebitis, Am. J. Surg. **69**: 120 (July) 1945.

Tyson, M. D., and Goodlett, W. C.: Venous Pressure in Disorders of the Venous System of Lower Extremity, Surgery **18**: 669 (Dec.) 1945.

Welch, C. E.; Faxon H. H., and McGahey, C. E.: Application of Phlebography to Therapy of Thrombosis and Embolism, Surgery **12**: 163-183 (Aug.) 1942.

ABSTRACTS OF MEDICAL ARTICLES

ROENTGEN STUDIES OF THE SPLEEN, DELL, J. M. JR., MAJOR M. C., A. U. S., AND KLINEFELTER, H. F. JR., CAPT. M. C., A. U. S., AM. J. M. *Sc.* 211:437-442 (APRIL) 1946.

The purpose of these studies was to establish satisfactory roentgen criteria for determining the size of the spleen, thereby obviating many unnecessary and time-consuming diagnostic procedures. The subjects studied were over 300 patients in an Army General Hospital, mostly young men, half of whom had palpable spleens or diseases which might cause splenic enlargement. The majority of this group had, or had had malaria. The remaining half, the control group, consisted of neuropsychiatric, general medical and surgical patients with no indication of any disease which might cause splenic enlargement.

A simple technic for roentgen examination of the spleen is described. The criteria established for determining splenic enlargement depend upon the width, density and relation to the size of the kidney. The desirability of working out tables for determining the size of the normal spleen in relation to body height and weight is mentioned. There seemed to be neither diurnal variation in the size of the spleen nor variation in relation to ingestion of food or moderate activity, but there was often a definite decrease in the size of the spleen five to fifteen minutes after subcutaneous injection of adrenalin.

The authors were of the opinion that many palpable spleens are not enlarged and many enlarged spleens are not palpable. They concluded that roentgen examination of the spleen is a relatively simple, rapid and inexpensive method that determines enlargement in most cases.

From Our President

THE JOURNAL

The Journal was created for the purpose of publishing the scientific work of the members of the Association. It is, in consequence, as good a medical periodical as its contributors make it. Most welcome to its columns are timely articles that are of interest to the majority of the members. Papers on specialized subjects are occasionally acceptable when of general interest, but their number is of necessity limited.

Before a paper is submitted for publication, it should have been read before one of the component societies of the Association. The younger members should be encouraged to take an interest in medical writing and use their state journal as the medium of publication. Likewise, the more experienced members should welcome the opportunity of contributing to the periodical in which they would naturally be expected to have particular interest.

Unfortunately, many members do not read the Journal. If they would avail themselves of this means of progress in the Association, they would find many helpful features. All of the proceedings of the annual meetings and the meetings of the House of Delegates as well as reports of committees are published in detail. Even the member who is present at these meetings needs to refresh his memory to keep abreast of decisions made. Many remain unfamiliar with the expenditures and financial status of the Association because they do not read the financial statements published annually.

It is important that the Journal carry editorials on scientific subjects. In the abstract department, reviews of articles written by members and published elsewhere enable the membership to know what their colleagues in the Association are writing and where the papers are published. Too, there is a column in which the members may express individual opinions even on the most controversial subjects.

The advertising matter in the Journal has always been carefully censored. It is the policy not to conflict with the Council of Pharmacy of the American Medical Association on advertisements accepted for publication.

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Shaler Richardson

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SOUTHERN MEDICAL ASSOCIATION MEETING

It is with genuine pleasure and satisfaction that the Florida Medical Association anticipates the fortieth annual meeting of the Southern Medical Association at Miami, November 4-7. Monday afternoon and Tuesday morning will be "Miami Day," with the local profession presenting a clinical program representing every specialty in medicine and surgery. On Tuesday afternoon the twenty-one sections of the Southern Medical Association, the American Public Health Association, Southern Branch; the American College of Chest Physicians, Southern Chapter; the American Society of Tropical Medicine, and the National Malaria Committee, meeting conjointly, will start their sessions, each having one full session at which excellent papers by outstanding men in their respective fields are to be presented.

One general public session will be held on Tuesday night, at which time President M. Y. Dabney will deliver his address. A distinguished speaker at this meeting will be Dr. Harrison H. Shoulders, President of the American Medical Association. Special entertainment will be provided for Wednesday night.

As the host city, Miami welcomes the opportunity of entertaining this great organization composed of seven thousand physicians of the South. This seasoned convention city and vacation playground offers an ideal setting for a well deserved postwar vacation as well as adequate facilities for a convention presenting a thoroughly worthwhile scientific review of the latest in medicine and surgery. The meeting will center in the Municipal Auditorium in Bay Front Park on Biscayne Boulevard, but not the least of the attractions will be fishing, boating, surf bathing and many other recreational features.

The members of the Association will undoubtedly in great numbers avail themselves of the privilege of attending the meeting. Floridians all, and proud of the famous convention city with its unique attractions, they need no urging to do their part in making their distinguished colleagues of the Southern Medical Association welcome and their stay within the state enjoyable and profitable.

H. L. P.

BOARD OF GOVERNORS MEETING

An important meeting of the Board of Governors was held in Jacksonville on September 1. It was a six hour session.

The official dates for the Seventy-Third Annual Convention to be held in Miami were set for April 21, 22 and 23, 1947. Time was provided for nine papers at the Scientific Session. All members of the Association who desire to present scientific papers are requested to communicate with Dr. J. Rocher Chappell, 413 Florida Bank Building, Orlando, Fla. The scientific program must be completed early in February.

It is, therefore, urgent that applications be received without delay.

At the latest meeting of the House of Delegates a resolution was adopted, authorizing the Board of Governors to establish a Public Relations Bureau. This resolution was published in the June 1946 Journal on page 666. In order to carry out promptly the instructions of the House of Delegates, questionnaires were mailed to the American Medical Association and a large number of state medical associations, requesting information and any suggestions pertinent to the establishing of a Public Relations Bureau. Copies of all communications were mimeographed and mailed to all members of the Board of Governors as they were received. All phases of the problem were studied and discussed at the recent meeting of the Board. Plans were then formulated for establishing a Bureau of Public Relations at the earliest date possible, in order that a solid foundation may be laid for this important phase of the Association's activities. Every detail will be carefully worked out with all possible haste.

A report was presented by Dr. Frederck H. Bowen, Chairman of a Special Committee to confer with the Veterans' Administration. Two representatives from the Veterans' Administration were present and were given the courtesies of the floor. The plans outlined by this committee were received by the Board. Just as soon as the Board of Governors and Veterans' Administration are in agreement on a concrete plan for the care of certain types of veteran patients, an official announcement will be made.

Board members attending the meeting were: Drs. Walter C. Jones, Duncan T. McEwan, Walter C. Payne, Leigh F. Robinson, Eugene G. Peek, John R. Boling, Shaler Richardson, W. C. Thomas, Robert B. McIver and Herbert L. Bryans.

Those attending in an advisory capacity were: Drs. Edward Jelks, Homer L. Pearson, J. Rocher Chappell, Harold D. Van Schaick, Wilson T. Sowder, F. H. Bowen, Sam R. Marks, Attorney, and Stewart Thompson.

The officers of the Association will welcome comments and suggestions at all times.

Shaler Richardson, M.D., President
Walter C. Jones, M.D., Chairman
Board of Governors.

DISTRICT MEETINGS

Every member of the Association is urged to attend the District Medical Meeting in his territory. These district meetings are wonderful opportunities for physicians to hear addresses of officers of the State Association, and also to enjoy the interesting scientific program that is to be arranged by the Association's Medical Postgraduate Course.

All district meetings will convene at 2:30 p.m. Printed programs will be mailed to each member of the Association. The meetings have been scheduled as follows:

Pensacola,	Oct. 28, 1946
Gainesville,	Oct. 30, 1946
St. Petersurg,	Oct. 31, 1946
Ft. Lauderdale,	Nov. 1, 1946

NEW POLICY ON RESOLUTIONS

Action of the House of Delegates of the American Medical Association taken at the recent meeting in San Francisco requires introduction of resolutions at least thirty days prior to any meeting of the House and also their publication in the Journal of the American Medical Association and in the Handbook of the House of Delegates. The Secretary of the American Medical Association is directed to write annually to the secretary of each constituent association requesting that resolutions for presentation to the House of Delegates of the American Medical Association be submitted to the Secretary's office as far in advance of its meeting as possible and asking that his letter of request be read in the House of Delegates of each constituent association. Furthermore, he is to provide mimeographed copies of all resolutions submitted in compliance with this request so that each delegate may have in his possession at the opening of the House of Delegates copies of the resolutions to be introduced at that time.

Dr. Robert B. McIver, Secretary, desires to acquaint the members of the Association with this new policy and to bespeak their cooperation in carrying it out.

A.M.A.—SAN FRANCISCO

The total registration of the San Francisco Session was 7,045. Of this number, 26 were from Florida. The doctors from Florida who attended the San Francisco meeting were as follows:

Bartow: C. H. Murphy. *Jacksonville*: Edward Jelks, Shaler Richardson, C. M. Sandusky. *Lakeland*: John W. Vaughn, *Marianna*: Courtland D. Whitaker, *Miami*: Harold H. Fox, Tom R. Gammage, John J. Jares, E. Sterling Nichol, H. L. Pearson, Herbert W. Virgin, Jr. *Miami Beach*: Emil M. Isberg, D. Ward White. *Orlando*: H. D. Atkinson, J. H. Chiles, Eugene L. Jewett, Meredith Mallory. *Pensacola*: Gretchen V. Squires. *St. Petersburg*: Dean W. Hart. *Sarasota*: John M. Butcher. *Tallahassee*: Sarah Parker White. *Tampa*: Stephen Gyland, Herbert R. Mills. *West Palm Beach*: H. A. Wakefield. *Winter Park*: Ruth S. Jewett.

STATE NEWS ITEMS

Dr. James H. Putman of Miami spent a few weeks last month taking a special course in Internal Medicine at Columbia University.

Dr. Herbert M. Sperry of Coral Gables will be away until September 15th, during which time he will take special courses at the New York Post-Graduate and Johns Hopkins Hospitals.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

Dr. and Mrs. I. Leo Fishbein of Miami Beach announce the birth of a daughter on July 29.

MARRIAGES

Dr. Milton M. Coplan of Miami and Miss Mildred Elizabeth Hunt were married on July 14, 1946.

DEATHS—MEMBERS

Dr. George R. Maner, Tampa—July 23, 1946.
Dr. Albert Charles Carter, Pensacola—Sept. 1, 1946.

MEDICAL OFFICERS RETURNED

Dr. Leroy M. Sutter, who entered military service on April 26, 1942, received his discharge on Dec. 28, 1945. His address is Segal Building, Gainesville. He held the rank of Major.

Dr. Charles E. Russell, who entered military service on May 9, 1942, received his discharge on June 27, 1946. His address is 16 Magnolia St., Cocoa. He held the rank of Major.

Dr. Fred Mathers, who entered military service on June 19, 1942, received his discharge on Aug. 18, 1946. His address is 314 American Building, Orlando. He held the rank of Lt. Colonel.

Dr. Burns A. Dobbins, Jr., who entered military service on Nov. 9, 1942, received his discharge on April 9, 1946. His address is 15 S.E. 16th St., Ft. Lauderdale. He held the rank of Lt. Commander.

Dr. William A. Christian, who entered military service on April 18, 1942, received his discharge on April 26, 1946. His address is 207 N. Parkside Avenue, Chicago, Illinois. He held the rank of Major.

Dr. William H. Chapman, who entered military service July 1944, received his discharge August 1946. His address is 1951 Pearl Street, Jacksonville. He held the rank of Captain in the Army.

Dr. Victor A. Hughes, who entered military service on May 19, 1944, received his discharge on Jan. 28, 1946. His address is 5553 Bancroft St., St. Louis. He held the rank of Captain in the Army.



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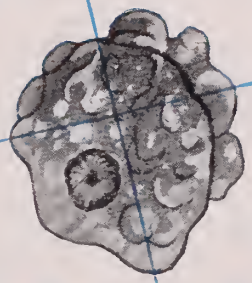
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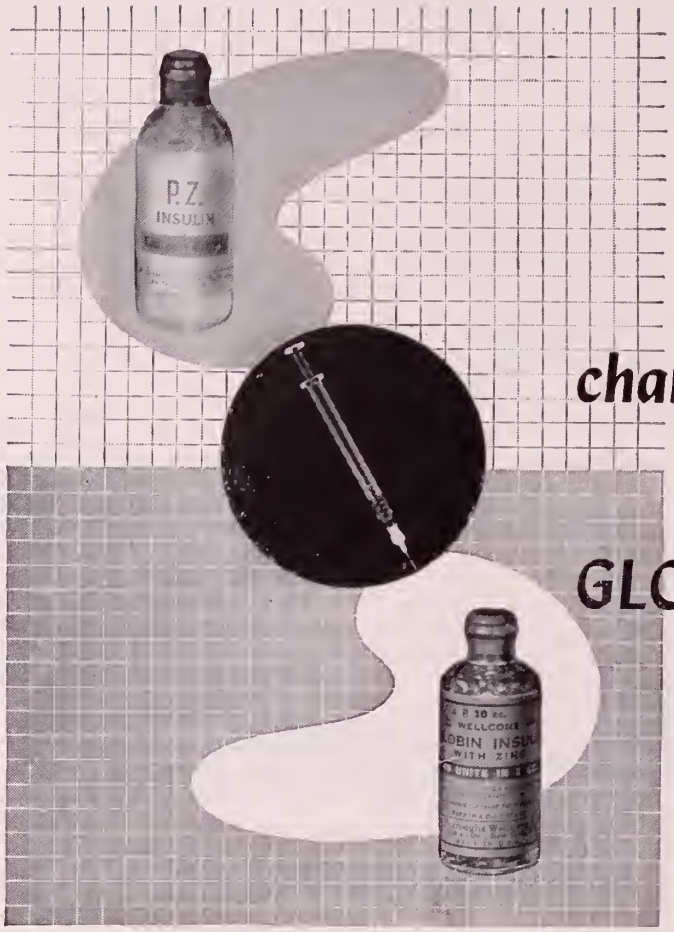
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Dr. Marion W. Hester, who entered military service on July 10, 1942, received his discharge on Aug. 15, 1945. His address is P. O. Box 1133, Lakeland. He held the rank of Captain in the Army.

Dr. Taylor W. Griffin, who entered military service on Feb. 8, 1941, received his discharge on Dec. 18, 1945. His address is Quincy. He held the rank of Lt. Colonel.

Dr. Frank G. Slaughter, who entered military service on July 25, 1942, received his discharge on June 5, 1946. His address is 3202 Garibaldi Ave., Venetia, Jacksonville. He held the rank of Lt. Colonel.

Dr. George L. Hardgrave, who entered military service on July 10, 1943, received his discharge on July 11, 1946. His address is 1704 Main St., Jacksonville. He held the rank of Lieutenant.

Dr. George W. Croft, who entered military service on March 9, 1942, received his discharge on July 15, 1946. His address is 313 Greenleaf Annex Bldg, Jacksonville. He held the rank of Commander.

Dr. Theodore J. Kaminski, who entered military service on Aug. 7, 1942, received his discharge on April 30, 1946. His address is Box 576, Melbourne. He held the rank of Major.

Dr. Reddin Britt, who entered military service July 9, 1942, received his discharge on June 23, 1946. His address is St. Augustine. He held the rank of Major.

Dr. John P. Moore, who entered military service on April 28, 1942, received his discharge on April 4, 1946. His address is Garfield Hospital, X-Ray Department, Washington, D. C. He held the rank of Captain in the Army.

MEDICAL LICENSES GRANTED

Dr. H. D. Van Schaick, secretary of the State Board of Medical Examiners, has reported that of the 272 applicants who took the examination of the Board, held June 24 and 25, in Jacksonville, 220 passed and have been issued licenses to prac-



SCIENCE AT THE NATION'S PLAY-GROUND — a top scientific medical meeting amid delightful tropical surroundings with every known recreational facility available — Southern Medical Association, Miami, November 4-7. The Southern Medical Association meetings always have been and always will be the ESSENTIAL medical meetings IN and FOR the South. In its twenty-one scientific sections, the four general clinical sessions, the general public session, the four conjoint meetings and the scientific and technical exhibits, in a streamlined program, one will get the last word in modern, practical, scientific medicine and surgery. And after Miami, Havana and/or Nassau.

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tice medicine in Florida. The names and addresses of the 220 successful applicants follow:

Abarbanel, Milton, G., Miami (Maryland 1938).
Adams, C. LeRoy, Jr., Live Oak (Univ. of Arkansas, 1944).
Allgood, Jackson Lee, Augusta, Ga. (Georgia 1942).
Anderson, Clarence L., Tampa (Duke 1946)
Anderson, James Robert, Chicago, Ill. (Northwestern 1944).
Arnell, Rupert Edward, New Orleans, La. (Tennessee 1931).
Baker, A. Merton, Jr., Chattanooga, Tenn. (Emory 1943).
Ballentine, George Newton, Tampa (Cornell 1934).
Baranco, Paul Francis, Pensacola (Louisiana 1940).
Barfield, William Elliott, Jacksonville (Emory 1946).
Barnett, Ernest R., St. Petersburg (Maryland 1937).
Beasley, Norris Morey, Trenton (Jefferson 1941).
Beck, Gerhard Theodor, Orlando (Vermont 1945).
Bell, Ita Eugene, Jr., Middleton, Ga. (Georgia 1945).
Bencker, Fred William, DeLand (Temple 1925).
Bennett, Van Boring, Jasper (Maryland 1942).
Benton, John Joseph, Gainesville (Johns Hopkins 1945).
Bergh, Marcus Bernard, Coconut Grove (Johns Hopkins 1945).
Bergman, Burton Bach, Jacksonville (Emory 1946).
Berlin, Nathaniel Isaac, Miami Beach (Long Island Coll. 1945).
Berlino, Melvyn, Brooklyn, N.Y. (McGill 1928).
Berman, Bernard Harvey, Miami Beach (Cincinnati 1941).
Bernstein, Milton, Miami Beach (Maryland 1936).
Bibler, Lester David, West Palm Beach (Indiana 1925).
Biles, Robert Allen, Cincinnati, Ohio (Cincinnati 1941).
Binneveld, Geoffrey Herman, Leesburg (Virginia 1944).
Birnbaum, Joseph, New York, N. Y. (Boston 1928).
Black, Nelson Miles, Jr., Miami (Pennsylvania 1939).
Blades, James Eldon, Sidney, Ill. (Louisville 1935).
Blake, Albert J., West Palm Beach (Harvard, 1937).
Block, Jerome Grant, Atlanta, Ga. (Emory 1946).
Blount, Frederick A., Pensacola (Pennsylvania 1943).
Boles, Arthur Edward, Miami (Tulane 1928).
Boling, Roderic Lee, St. Petersburg (Indiana 1939).
Browning, Zack Clark, Cochran, Ga. (Georgia 1946).
Brunet, Walter Minson, Woodbury, Conn. (Virginia 1911).
Burch, Reuben Nathaniel, Jr., Miami (Tennessee 1945).
Canfield, Burt Joseph, Key West (Minnesota 1937).
Carswell, Augustin Sturgis, Augusta, Ga. (Georgia 1945).
Carter, Edward Fenton, Jr., Tampa (Hahnemann 1943).
Cason, James Freeman, Jacksonville (Johns Hopkins 1946).
Champion, Charlotte E., Orlando (Arkansas 1944)
Chastain, Philip Jarrell, Thomasville, Ga. (Georgia 1942).
Chentoff, Edwin Franklin, Miami Beach (Louisiana 1946).
Chervinko, Joseph, Miami Beach (Ohio 1935).
Cluxton, Horace Hayes, Savannah, Ga. (Louisiana 1943).
Cohen, Frank Samuel, Miami (Maryland 1939).
Collins, Harry L., Jr., Umatilla (Jefferson 1946).
Cook, James Talmadge, Marianna (Emory 1941).
Coolidge, Charles Walter, Miami (Georgia 1946).
Coppedge, Wayland Thomas, Jr., Jacksonville (Tulane 1943).
Coulter, Norman Fraser, Scottsville, N. Y. (Syracuse 1932).
Curry, Robert Whitney, Bradenton (Duke 1943).
Dalton, Raymond Julian, Tavares (Marquette 1919) .
Daughtry, DeWitt Cornell, Clinton, N. C. (Virginia 1939).
Davidson, David, Miami Beach (Buffalo 1934).
Davidson, Sidney, Lantana (New York 1946).
Day, Samuel Mason, Alexander City, Ala. (Washington 1937).
DePasquale, Matthew N., Huntington, L.I., N. Y. (Boston 1931).
Dorf, Victor, West Palm Beach (St. Louis 1939).
Douglas, Joseph William, Brewton, Ala. (Tulane 1938).
Dorsey, William Rowlett, Washington D. C. (McGill 1945).



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JAMES N. BRAWNER, JR., M.D., Department for Women.

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Drosd, Rudolph E., Miami Beach (New York 1938).
Dunn, Thomas Madison, Warrington (Tennessee 1936).
Durham, Davis Godfrey, West Palm Beach (Jefferson 1943).
Ebenstein, Simon H., Miami Beach (New York 1918).
Edelman, Maurice Irwin, Chicago, Ill. (Illinois 1933).
Edgecombe, Erman W. (Col.) West Palm Beach (Howard 1945).
Edwards, Harry McCreary, Gainesville (Temple 1945).
Eisenman, Leon S., St. Augustine (Loyola 1933).
Eith, Gustave Thomas, Ft. Lauderdale (Cincinnati 1933).
Engelhard, George Irwin, Tampa (Hahnemann 1940).
Evans, Franklin Jay, Miami (New York 1941).
Evans, Harold John, Daytona Beach (Iowa 1926).
Farrior, John Lawrence, Tampa (New York 1943).
Feintuch, Henry, Laurellton, Queens, N. Y. (New York 1932).
Feldman, Joseph, Brooklyn, N. Y. (Long Isl. 1918).
Fink, Harold, Jacksonville (Johns Hopkins 1928).
Flannery, Marvin G. Evanston, Ill. (Rush 1932).
Flynn, John Denis, Tampa (Louisiana 1945).
Gilliland, Charles Hubert, Miami (Iowa 1941).
Glassman, Herman, Brooklyn, N. Y. (Cornell 1929).
Goldman, Milton J., Miami, (Pittsburgh 1927).
Goldman, Solomon B., Miami (Rush 1937).
Gould, Kenneth G. Selma, Kansas (Cincinnati 1930).
Green, Charles R., Dallas, Ga. (Georgia 1946).
Gridley, Roger W., Orlando (Ohio 1945).
Griffin, Eugene L., Atlanta, Ga. (Emory 1936).
Gutman, Paul E., Ft. Lauderdale (Bellevue 1930).
Hannum, William Y. C., Eustis (Tennessee 1942).
Hardy, Albert V., Jacksonville (Toronto 1924).
Hartwell, Donald C., Orlando (Evangelists 1937).
Hay, Samuel H., Carthage, Tenn. (Vanderbilt 1940).
Hersh, Jacob J., Pittsburgh, Pa. (Pittsburgh 1926).
Hibbs, Samuel G., Tampa (Pittsburgh 1933).
Hicks, Wright G., Roberta, Ga. (Georgia 1945).
Horwitz, Manuel, Miami (Long Island 1936).
Ingram, William, Jr., Coronado Beach (Georgia 1946).
James, Charles F. Jr., Lake City (Virginia 1938).
Jarboe, Louise, Richmond, Va. (Geo. Washington 1942).
Jeffrey, Millard, Jacksonville (Johns Hopkins 1935).
Jones, George R., Jacksonville (Virginia 1945).
Kaiser, Alexander, Blackshear, Ga. (Bellevue 1932).
Kaplan, Samuel, New York, N. Y. (Bellevue 1918).
Kaplan, Seymour R., Miami Beach (Duke 1945).
Karmiol, Jerome, Miami Springs (Long Island 1934).
Kendrick, James Evans, Tallahassee (Northwestern 1943)
Keppleman, George K., Miami (Illinois 1936).
Kuester, Allen E., Cincinnati, Ohio (Cincinnati 1943).
Kugel, Victor H., Miami Beach (Yale 1929).
Lacy, George E., Miami (Vanderbilt 1941).
Lamb, Samuel R., Jacksonville (Harvard 1944).
Lang, Andrew M., St. Cloud (Virginia 1943).
Leavitt, Daniel, Jacksonville (New York 1941).
Levin, Leo M., Miami (Ohio 1934).
Levine, Sanford, Brooklyn, N. Y. (Louisville 1939).
Levy, Sidney W. Shamrock (Cornell 1931).
Lewison, Edward Frederick, Winter Park (Johns Hopkins 1936).
Lindan, Warren, Miami Beach (Hahnemann 1945).
Lineback, Merrill I., Atlanta, Ga., (Harvard 1943).
Lowe, Luther B., Dunedin (Virginia 1934).
Lowenthal, Joseph J., Tampa (Pennsylvania 1940).
MacConnell, John W. Davidson, N. C. (Maryland 1907).
McCollough, Newton C., Orlando (Pennsylvania 1932).
McCrory, Charles F. Warrington (Tennessee 1944).
McCulloch, David J. Durham, N. C. (Duke 1942).
McKee, Thomas L., Ft. Lauderdale (Iowa 1928).
McKeever, Robert J., Lake City (Michigan 1938).
McLeod, Walter A. Jr., St. Petersburg (Duke 1946).
MacMillan, Charles W. DeLand (Vanderbilt 1919).
Makovsky, Irwin H., Miami Beach (Illinois 1936).
Manoyian, Zevart, Miami (Women's Penn. 1944).
Mathews, William H., Jacksonville (Emory 1946).
Maxwell, Roscoe S., Punta Gorda (Washington 1945).
Meares, Edward F., Orlando (Tulane 1946).

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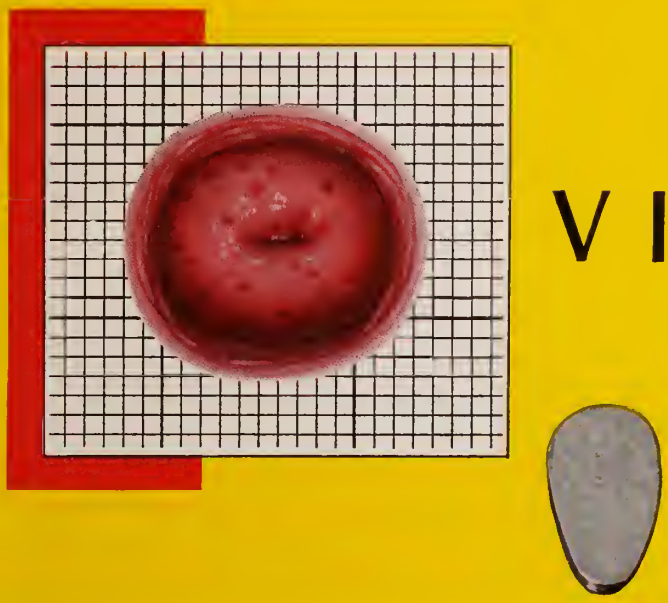
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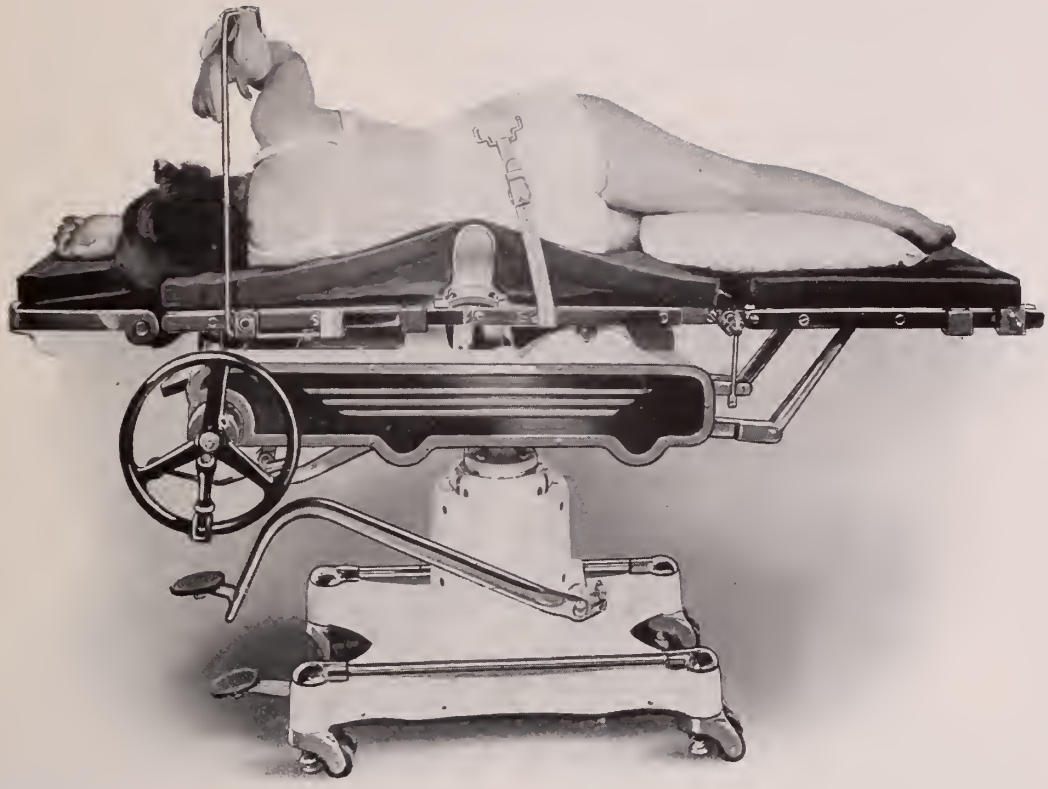
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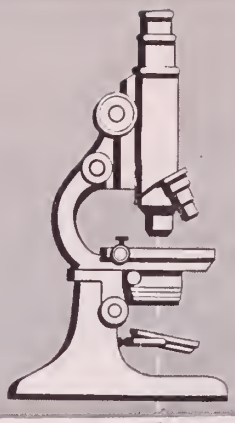
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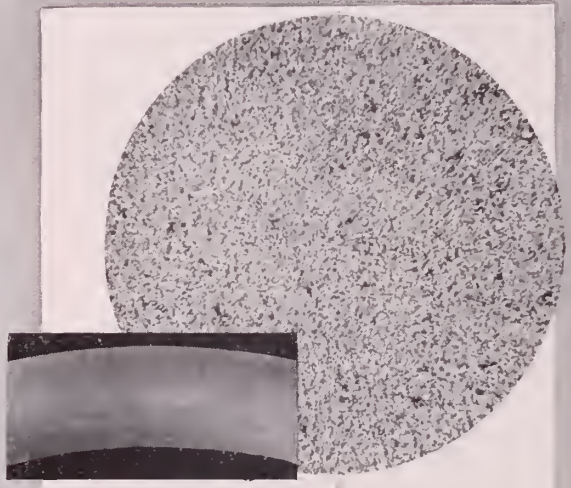
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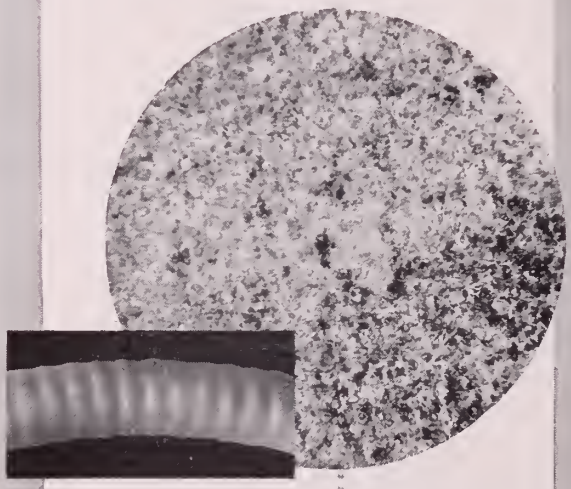
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No. 1 Unretouched photomicrograph of the dome (enlarged 10 diameters) and the rim (inset) of a "RAMSES" Flexible Cushioned Diaphragm.



No. 2 Unretouched photomicrograph of the dome (enlarged 10 diameters) and the rim (inset) of a conventional-type diaphragm.

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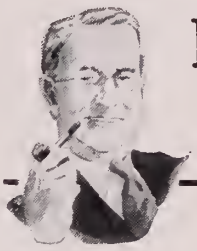
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Mendillo, John C. F., New Haven, Conn. (Yale 1930).
Miller, Clyde E. Jr., Pensacola (Tulane 1941).
Moffett, James D., Jr., Lake Wales (Emory 1943).
Nalley, William Benjamin, Gainesville, Ga. (Emory 1946).
Neal, Elwin G., Miami (Tulane 1941).
Newman, Raymond B., Newport News, Va. (Iowa 1939).
Newmark, Nelson J., Longmeadow, Mass. (Yale 1931).
Nipe, George M. Miami (Virginia 1946).
O'Neil, Lawrence J., New Orleans, La. (Louisville 1935).
O'Toole, John S., Potsdam, N. Y. (Syracuse 1936).
Palumbo, Louis T. Baltimore, Md. (Loyola 1935).
Payne, Walter C., Jr., Pensacola (Tulane 1946).
Phillips, Roland F., New Orleans, La. (Tulane 1938).
Plenge, Henry E., Ft. Lauderdale (So. Carolina 1938).
Plenge, Ruth T. S., Ft. Lauderdale (So. Carolina 1940).
Polk, Rothwell C., Hopeville, Ga. (Georgia 1945).
Pope, Madison R., Plant City (Tulane 1939).
Poppiti, Robert J., Miami Beach (Long Island 1940).
Preefer, Raymond R., Brooklyn, N.Y. (Tufts 1936).
Pribram, Karl Henry, Chicago, Ill. (Chicago 1941).
Price, Franklin L., St. Petersburg (Ohio, 1937).
Rafes, Earl Hunter, Miami Beach (Hahnemann 1945).
Rautenstrauch, Walter, Jr., St. Petersburg (Cornell 1930).
Reaves, Hugh Gurney, Knoxville, Tenn. (Virginia 1927).
Regan, Joseph James, St. Petersburg (Jefferson 1941).
Reitner, Adolph F., Miami (Temple 1933).
Reppert, Lawrence B., Gainesville (Iowa 1939).
Rickard, Elsmere R., Tampa (Northwestern 1924).
Riley, Edwin Glover, Jacksonville (Rush 1940).
Robbins, Ralph, Miami Beach (Virginia 1945).
Roberts, Rufus W. Durham, N. C. (Duke 1940).
Robinson, Charles A., New York, N. Y. (Harvard 1938).
Rose, Embree R., Gainesville (Indiana 1941).
Rose, Herman G., West Palm Beach (Virginia 1928).
Rosenfeld, Charles, Miami Beach (Temple 1933).
Rozier, Jacob R., Leesburg (Emory 1946).
Rubel, Joseph L., Columbus, Miss. (Washington 1942).
Rumble, Charles T., Atlanta, Ga. (Texas 1942).
Russ, Zack, Jr., Leesburg (Emory 1946).
Scheer, Alan A., New York, N.Y. (New York 1946).
Schilp, John P., Jr., Miami Beach (Temple 1942).
Schindler, John A., East Ann Arbor, Mich. (Illinois 1932)
Schwarz, Charles A., Miami Beach (Georgetown 1944).
Sclar, Meyer, Brooklyn, N. Y. (Long Island 1919).
Selinsky, Herman, Miami (Boston 1924).
Sell, Mercer B. Jr., Dallas, Ga. (Georgia 1946).
Setnor, Stanford S., Tallahassee (Syracuse 1942).
Sharp, Clarence M., Jacksonville (Emory 1928).
Shepard, Allen S., Palm Beach (Hahnemann 1945).
Sheppard, William B., Pensacola (Johns Hopkins 1935).
Smith, Henry L. Jr., Jacksonville (Jefferson 1940).
Smith, James Avon, New Smyrna Beach (Virginia 1943).
Smith, Virgil Dan, Anniston, Ala. (Oklahoma 1934).
Soskis, Elbert J., Mulberry (Tulane 1941).
Squires, Raymond B., Pensacola (Tulane 1940).
Staton, Younger A., Charleston, S. C. (Rush 1934).
Stevens, Theodore R., Miami Beach (Illinois 1941).
Stewart, Russell T., Johnson City, Tenn. (Long Island 1940).
Sullivan, Edward J. Jr., Pensacola (Georgetown 1945).
Sulman, Sam N., Chattanooga, Tenn. (Tennessee 1941).
Thompson, John L. Jr., Montgomery, Ala. (Louisiana 1945).
Thorstad, Merrill J., Detroit, Mich. (Northwestern 1940).
Turner, Martiele, Valdosta, Ga. (Georgia 1942).
Tyler, Lockland V., Jr., Jacksonville (Emory 1946).
Vomacka, Henry J., Sarasota (Long Island 1940).
Wagener, William L. Jr., Coral Gables (Hahnemann 1943).
Waisman, Morris, Tampa (Illinois 1936).
Weeks, Theodore W. Jr., Moore Haven (Duke 1942).
Weinkle, William S., Miami Beach (Emory 1946).
Weinstein, David, St. Augustine (Tulane 1943).
Weres, James, Williston (Jefferson 1932).
West, John R. III, St. Petersburg (Columbia 1943).
Westerfield, Charles W., Augusta, Ga. (Tennessee 1939).
Williams, Arthur G. Jr., Florala, Ala. (Tulane 1941).

Advertisement



From where I sit
by Joe Marsh

Bert Childers and the Melon Patch

Bert Childers put an ad in the Clarion the other day. Here's what it said:

"Planted more melons than I can eat this year. Stop by and pick as many as you want. All free."

As you can guess, plenty of folks sent their kids over and plenty of the parents came too. Stripped Bert's melon patch in no time. And as they went away, Bert treated the kids to lemonade, and offered the grownups a glass of ice-cold sparkling beer.

Naturally it puzzled some folks . . . but Bert explains: "It gives me a kick to share things when I can afford to—whether it's the melons, or the lemonade, or beer. I guess I just like to indulge my whims."

From where I sit, if we had more "self-indulgent" people like Bert—who believe in share and share alike, live and let live, this tired world would be a whole lot better off!

Joe Marsh

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BUFOSAL

Improved Salicylate Medication

A convenient and palatable preparation containing sodium salicylate combined with calcium gluconate and sodium bicarbonate to reduce the incidence of the undesirable side effects which usually complicate the use of salicylates alone.

The buffering effects of calcium gluconate and sodium bicarbonate reduce the precipitation of free salicylic acid from the interaction of salicylates with hydrochloric acid in the stomach, therefore minimizing gastric irritation even when large doses are given over a long period of time.

Bufosal is helpful in combating the acidotic tendency associated with infectious fevers, rheumatism and other conditions for which salicylates are generally employed.

Dose: One or two teaspoonfuls in a glass of cool water every three or four hours until pain is relieved or tolerance is reached.

Supplied in 4 Ounce Bottles

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Pharmaceutical Specialties
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Williams, Edward Holloway, Coral Gables (Virginia 1930).
Williams, John Wyley, Oak Grove, Mo. (Washington 1935).
Wilson, Dale S., Miami (Jefferson 1940).
Wilson, Scottie J., Ft. Lauderdale (Illinois 1939).
Wilson, Shelton E., Ft. Lauderdale (Georgia 1919).
Wolkowsky, Melvin, Miami (Pennsylvania 1946).
Worsham, Richard A., Jacksonville (Jefferson 1946).
Yanowitz, Meyer, Miami (Illinois 1941).
Yonge, Henry Matthew, Pensacola (Tulane 1945).
Young, Dennison, Clearwater (Tufts 1938).
Young, Dwight M., Orlando (Tulane 1925).

COMPONENT COUNTY SOCIETIES

COLUMBIA

The Columbia County Medical Society has paid 100 per cent of its State Association dues for 1946. Heading this society are Dr. James F. Pitman, president, and Dr. Thomas H. Bates, secretary.

PINELLAS

The Pinellas County Medical Society has paid 100 per cent of its State Association dues for 1946. Dr. A. M. Feaster of St. Petersburg is president, and Dr. W. C. McConnell of St. Petersburg is secretary of the society.

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MENTAL patients have every comfort that their home affords.

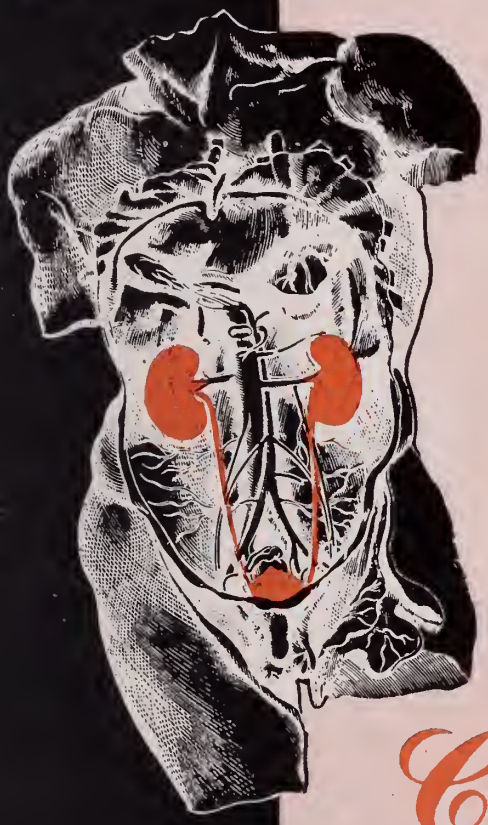
The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
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Almost complete freedom from kidney damage can be achieved by substituting COMBISUL-TD, a combination of sulfa*thiazole* and sulfa*diazine* in equal parts, for either drug alone in equivalent whole dosage.

Both sulfathiazole and sulfadiazine can be dissolved simultaneously in the same solution nearly to the extent of the sum of their separate solubilities.[1, 2] And because each compound behaves as though present alone in the solution the danger of intrarenal drug precipitation from the mixture is only as great as if each were administered alone, and in the partial dosage contained in the mixture. Therapeutic efficacy of COMBISUL-TD has proved to be the same as when either constituent is used alone in full dosage.

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COMBISUL-TD is available in 0.5 Gm. tablets each containing 0.25 Gm. sulfathiazole and 0.25 Gm. sulfadiazine. Indications and dosage are the same as for either drug administered alone. COMBISUL-DM is available for the treatment of meningitis and consists of 0.25 Gm. sulfadiazine and 0.25 Gm. sulfamerazine.

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BIBLIOGRAPHY: (1) Lehr, D.: Proc. Soc. Exper. Biol. & Med. 58:11, 1945. (2) Lehr, D.: J. Urol. 55:548, 1946.

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SCHERING

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BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

ANNUAL REPRINT OF THE REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY of the American Medical Association for 1945. Cloth. Price, postpaid, $1.00—Pp. 122. Chicago: American Medical Association, 1946.

Originally intended chiefly as a repository of its reports on rejection of preparations found unacceptable for inclusion in New and Nonofficial Remedies or of status reports on products whose therapeutic value has not yet been established, this volume in recent years has been composed mainly of reports giving general information to the physician on the status of various therapeutic agents and therapeutic procedures. Most of these reports have previously been published in the Journal A.M.A. The reports in the present volume emphasize the educational nature of the Council's work and bear witness to its leadership in the consideration of current therapeutic problems.

The report "Dermatophytosis: Treatment and Prophylaxis," gives a concise estimate of progress in this field and sets up useful standards for the evaluation of fungicidal preparations. The report on "Dangers from the External Use of Sulfonamides," obviously stems from war-time experience with these preparations and issues a warning against over-the-counter sales. The report "Status of Poison Ivy Extracts" emphasizes the fact that these preparations are to be used in prevention rather than treatment. The report on Acne Bacillus Vaccine points out that this preparation, in the opinion of most investigators, fails in most cases clinically to arrest or control acne vulgaris. In the report "The Status of Passive Immunization and Treatment in Pertussis by the Use of Human Hyperimmune Serum" prepared by Dr. Harriet M. Felton and sponsored by the Council, the status of these preparations was definitively outlined just prior to the acceptance by the Council of a number of commerical preparations.

This volume as well as preceding Annual Reprints are of interest not only to physicians but also to pharmacists, chemists and pharmaceutical manufacturers, in fact to all who are interested in the progress of drug therapy.

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NATIONAL AUXILIARY MEETING

After a most enjoyable trip across the country and a visit with our children, we arrived in San Francisco Sunday morning June thirtieth. That afternoon a tea was given in the Gold Room of Hotel Fairmont honoring Mrs. Grace Thomas, the outgoing President.

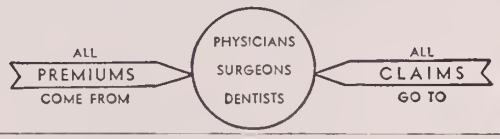
The first business meeting was held on Tuesday, July second at 9 a.m. I met Mrs. Jenkins and Mrs. Rollins, our delegates, and we attended every session. We found each one most inspiring and enlightening. This was the largest national meeting ever held. The membership now totals 28,324; the number of auxiliaries is 117, an increase of 17. The war being over and the doctors home, every state auxiliary expects an increase in members.

One of the main points stressed was cultivation of friendly relations and mutual understanding among the physicians' families. The success of our program depends upon the fulfilment of this objective.

The theme of the address of Dr. Shoulders, President of the American Medical Association, and of Mrs. Thomas' message was "Through the Advisory Council form a study group on legislation." This preparation will enable us to inform the public when we are asked to talk on this topic.

Every officer and committee chairman was urged to study the function of the office held and to study the state and national organization.

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$25.00 weekly indemnity, accident and sickness	Quarterly
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$50.00 weekly indemnity, accident and sickness	Quarterly
$15,000.00 accidental death	**$24.00**
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PHYSICIANS CASUALTY ASSOCIATION
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We were advised to hold a conference of county presidents to plan the year's work.

Our state was one of the small ones in number of county auxiliaries, but our report for the year stood well in that group. We hope for an increase this year.

California, always a most gracious host, entertained us royally. The flowers for all social functions were from The National Floral Society and were arranged by the San Francisco florists. They were beautiful beyond words.

After years of work, we have proved our worth to the profession and at this meeting we were given a suite of offices in the American Medical Association building. I am sorry more of our members were not in attendance this year. It is well to start now to make plans to attend the state meeting in Miami and the national meeting in Atlantic City next year.

We are now at the beginning of our year's work. Let us all work together to make a success of the charges given us.

Respectfully submitted,

Nancy B. Murphy (Mrs. C. H.),
President

MEDICAL DIRECTORY ADVERTISING

Dear Co-Workers:

This month our attention is called to the third charge given us by the President of the Florida Medical Association, Dr. Shaler Richardson: "Obtain advertising for the Medical Directory, the proceeds to go to the Scholarship Fund." Let us note that this is the first time the Association has called upon us to do a specific thing to aid in carrying on its work. And, let us also realize that in so doing, we promote a specific objective of our own, our Student Loan Fund or Scholarship Fund.

Our State president stated in her message in July: "If these objectives are to be attained during the year, we must give our best attention to them." Let's make this a banner year for our Loan Fund. At present, it is hardly large enough to be of practical value. Let's give it our best attention.

Received from our work of last year, we have the following:

Duval County	$69.80
Palm Beach County	45.00
Alachua County	9.00
	$123.80

Certainly we can and will increase this amount. It was only a starter. Now, let's go. With three or more counties to come to our aid, we should bring to our next convention an excellent report.

Chairmen can obtain their material direct from Dr. Stewart Thompson, P.O. Box 1018, Jacksonville, Fla. The material is self explanatory. All soliciting must be in by January first. For any further information, write directly to your state chairman, Mrs. F. W. Krueger, 1055 Arbor Lane, Jacksonville, Fla.

Here are your County Medical Directory Advertising chairmen to date:

Alachua County: Mrs. J. Maxey Dell, Jr., Gainesville, Fla.

West Palm Beach County: Mrs. V. M. Johnson, 530 31st St., West Palm Beach, Fla.

Duval County: Mrs. E. B. Milam, 3245 Oak Street, Jacksonville, Fla.

Cordially yours,

Mrs. F. W. Krueger,
State Chairman,
Medical Directory Advertising

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Four Weeks Course in General Surgery starting October 7 and November 4.

One Week Course in Surgery of Colon & Rectum starting October 14 and November 25.

One Week Course in Thoracic Surgery starting October 21 and November 25.

GYNECOLOGY—Two Weeks Course starting October 21.

One Week Personal Course in Vaginal Approach to Pelvic Surgery starting November 25.

MEDICINE—Two Weeks Intensive Course starting October 21.

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Attending Staff of Cook County Hospital

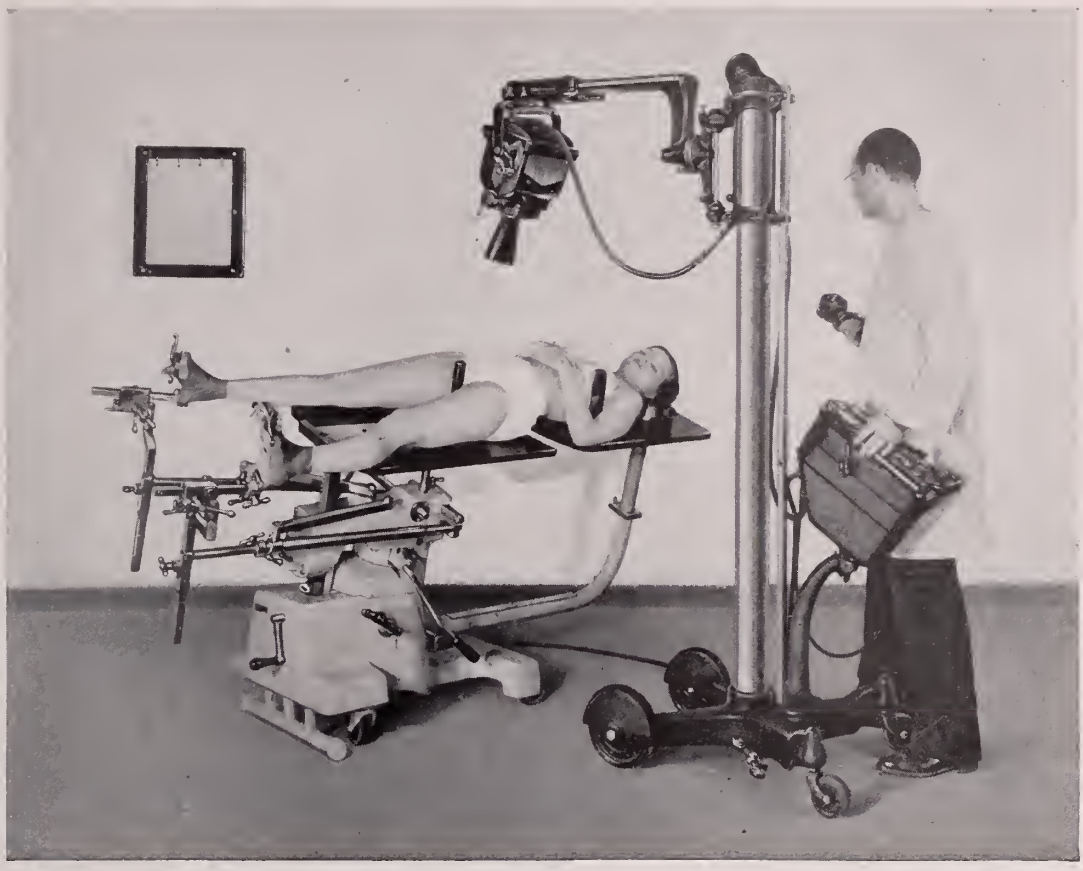
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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
lorida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, April 21-23, 1947
lorida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
A-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	Pensacola, Oct. 28, 1946
B-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	Gainesville, Oct. 30, 1946
C-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	St. Petersburg, Oct. 31, 1946
D-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	Ft. Lauderdale, Nov. 1, 1946
merican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
outhern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Miami, Nov. 4-7, 1946
labama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
eorgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
lorida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	Gainesville, Nov. 2, 1946
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	Palm Bch., Nov. 11-13, 1946
Derm. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Cross, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, 1947
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, Nov. 26, 27, 1946
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Mr. H. A. Cross, Jacksonville	
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
Pediatric Society	Councill C. Rudolph, St. Petersburg	James R. Boulware, Lakeland	Miami, 1947
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, 1947
Public Health Association	George A. Dame, Jacksonville	Miss Elsie Hyatt, Jacksonville	Miami Beach, Oct. 14-16, 1946
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
hattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
ulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford, Mobile, Ala.	Postponed
. E. Sec. Am. Cong. Phys. Ther.	John J. McQuire, Pensacola	Kenneth Phillips, Miami	
. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Gulfport, Miss., 1947
outheastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12	10	
	Escambia *Santa Rosa	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	50	49	A-1-48 Wm. C. Roberts, M.D. Panama City
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5	100%	
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	15	100%	A-2-47 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. 1232 N. Monroe St. Tallahassee	Quarterly 8:00 P.M.	39	35	
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	28	25	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
	Duval *Clay	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D 352 St. James Bldg. Jackonville 2	1st Tuesday 8:15 P.M.	219	202	
	Marion *Levy	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	28	100%	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	10	100%	
	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	13	100%	
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	13	12	B-4-47 C. McK. Tyre, M.D. Eustis
	Lake *Sumter	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	16	100%	
	Orange *Osceola	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	110	109	
	Seminole	Orville L. Barks, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	13	100%	
	Volusia *Flagler	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	46	45	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 520 Citizens Bldg. Tampa 2	1st Tuesday 8:00 P.M.	128	100%	C-5-47 W. Wardlaw Jones, M.D. Dade City
	Manatee	Willett E. Wentzel, M.D Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.	14	100%	
	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	12	100%	
	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	130	100%	
	Sarasota	Stanley T. Martin, M.D. Box 551 Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	22	100%	
	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		21	100%	
	Lee *Collier, Hendry	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	18	C-6-48 James R. Boulware, M.D. Lakeland
	Polk	Benjamin J. Bond, M.D. Coker Building Winter Haven	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	71	69	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D 410 Citizens Bldg. W. Palm Beach	3rd Monday 8:00 P. M.	79	100%	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	100%	
	Broward	Francis D. Pierce, M.D 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 314 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	57	55	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	373	357	
	Monroe	James B. Parramore, M.D 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	9	

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*Frazer, J. G.: The Golden Bough, vol. 1, New York, Macmillan & Co., 1923



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Vol. XXXIII NOVEMBER, 1946 No. 5

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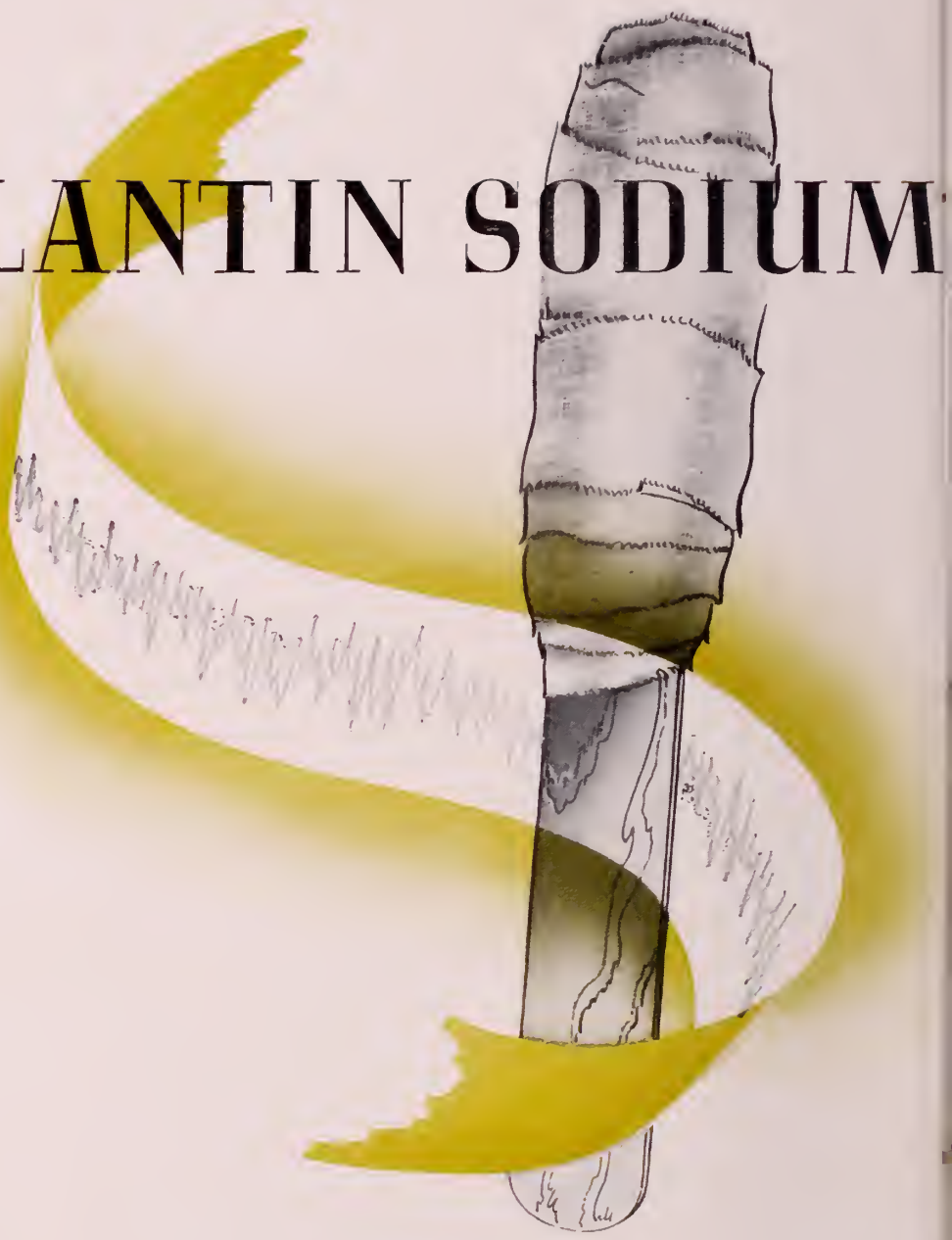
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An Editorial

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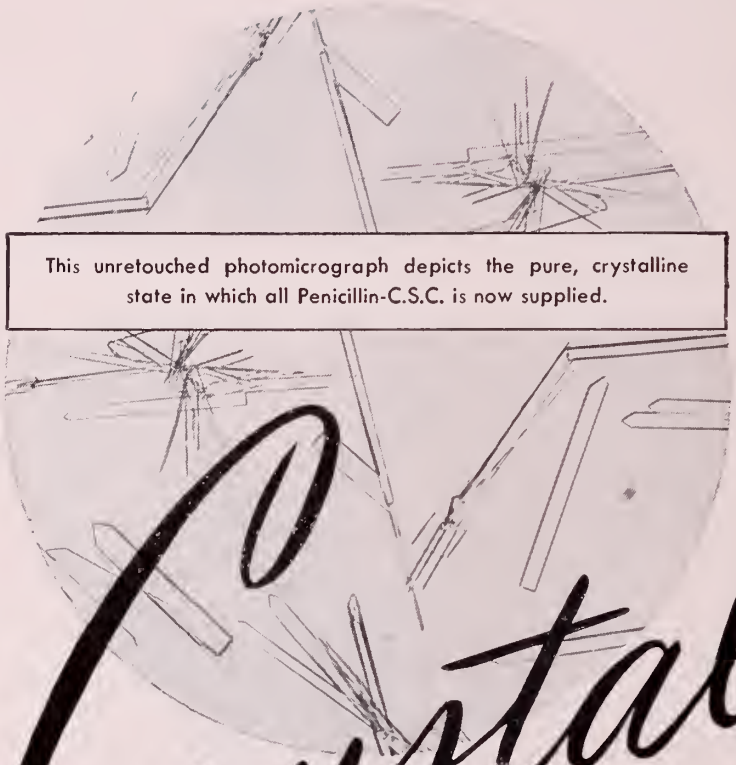


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1. Montgomery, J. B.: M. Clin. North America 29.205 (Nov.) 1945.

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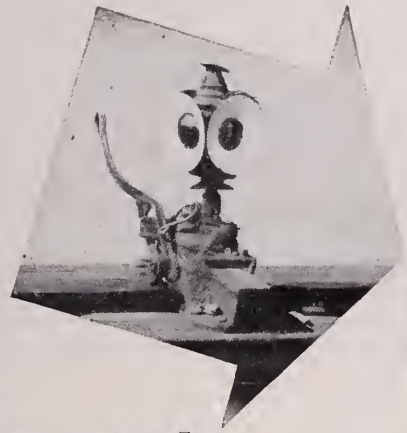
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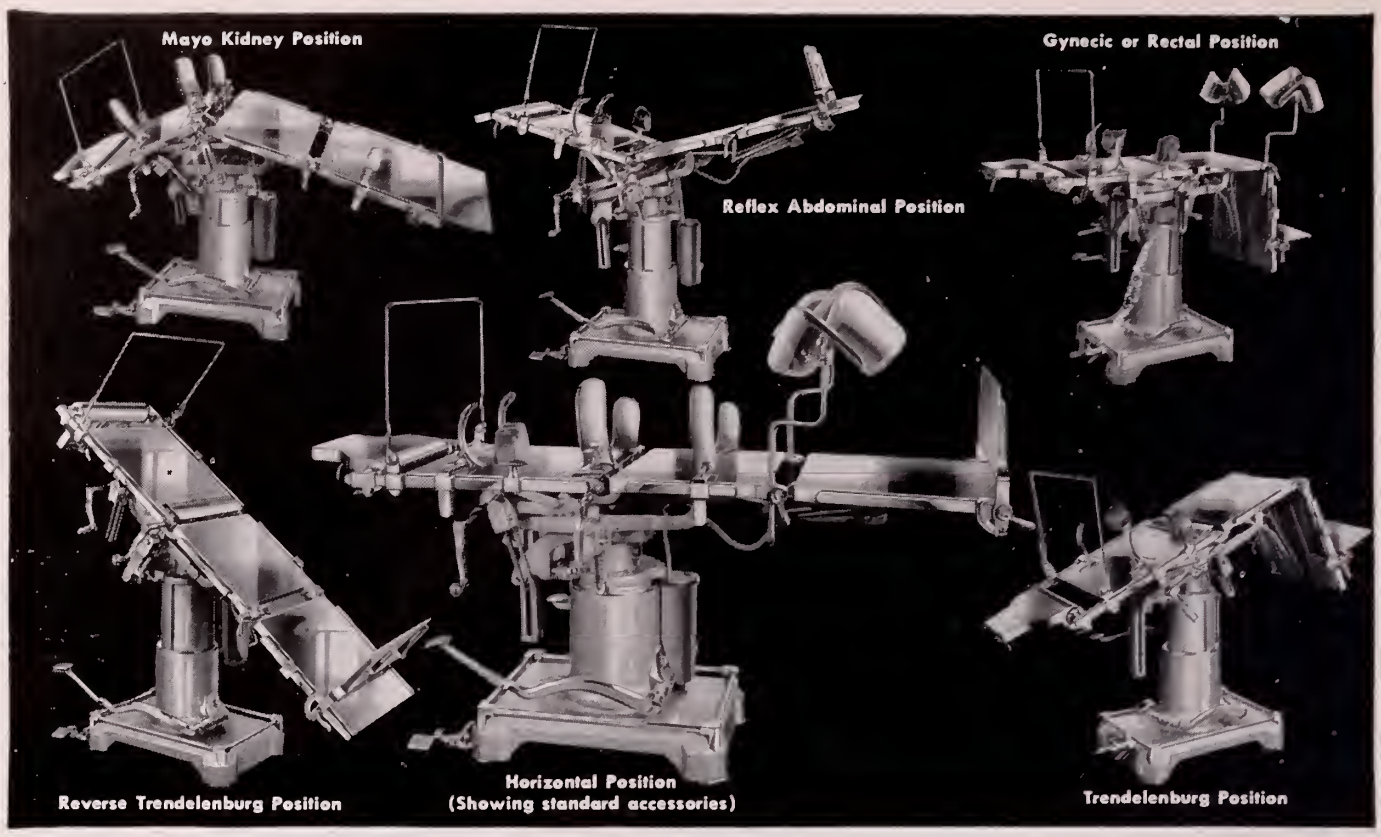
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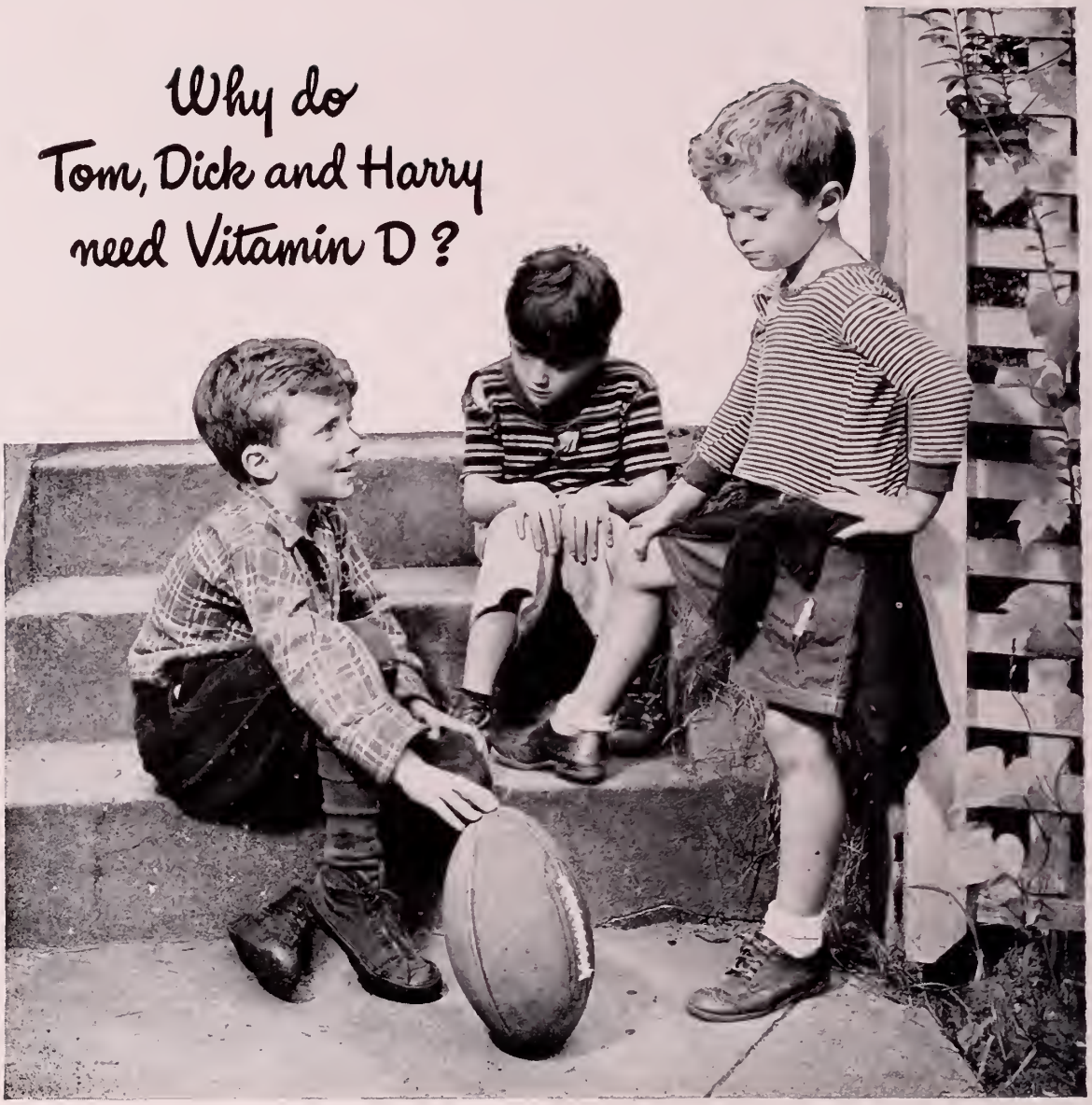
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*N. Y. State Journ. Med. 35 No. 11,590
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*Stare, F. J., and Thorn, G. W.: Protein Nutrition in Problems of Medical Interest, J. A. M. A. *127*:1120 (April 28) 1945.

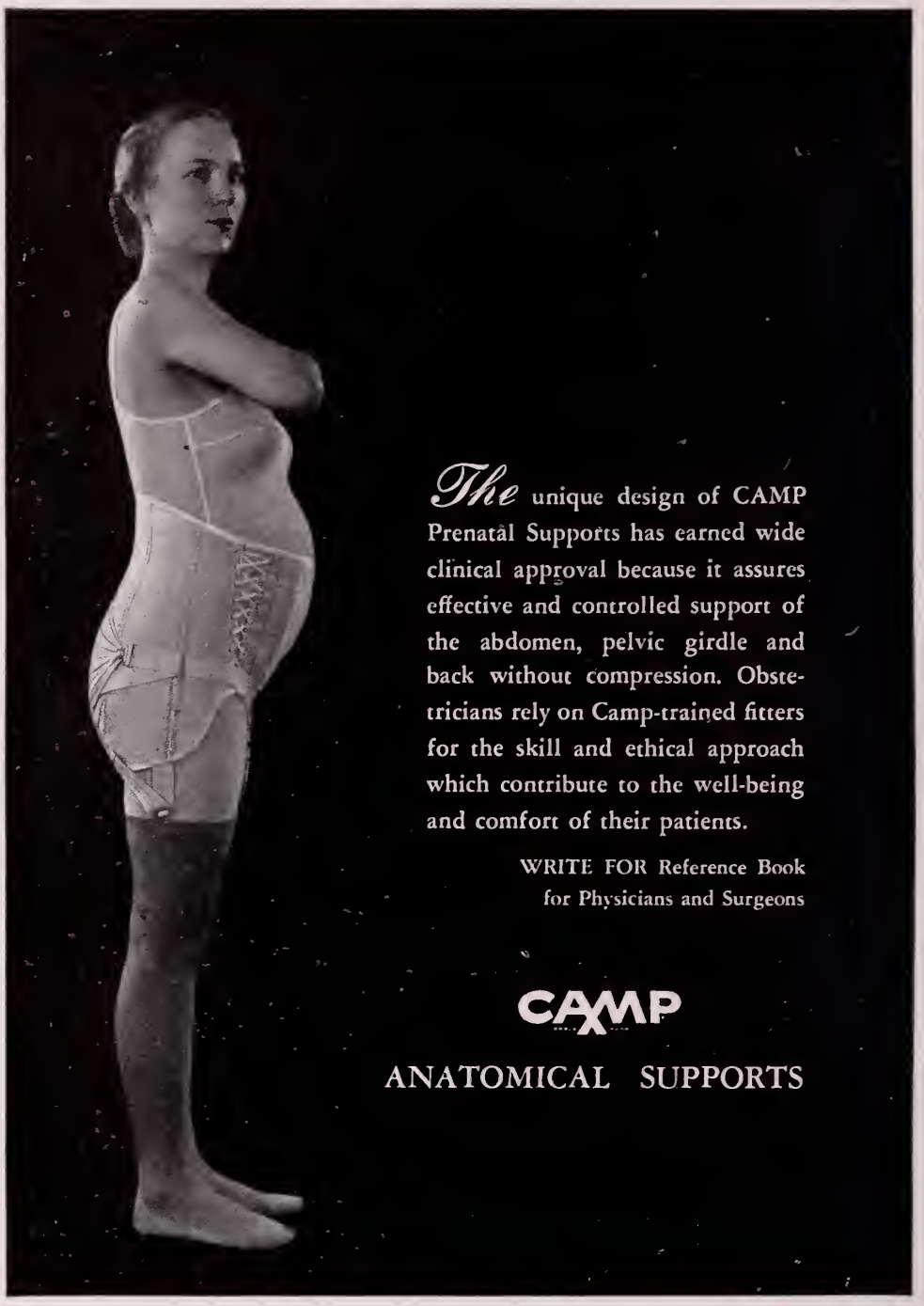
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1. Moore, C. U., Brodie, J. L., Thornton, A. J., Lesem, A. M., Cordua, O. B.: Failure of Abundant Sunshine to Protect Against Rickets. Am. J. Dis. Child., *54*: 1227-28, (Dec.) 1937.

2. Follis, R. H. Jr., Jackson, D., Elliot, M. M., Park, E. A.: Prevalence of Rickets in Children Between Two and Fourteen Years of Age. Am. J. Dis. Child., 66:1-11 (July) 1943.

3. Kugelmass, I. N.: Newer Nutrition in Pediatric Practice, p. 656, Lippincott, Philadelphia, 1940.

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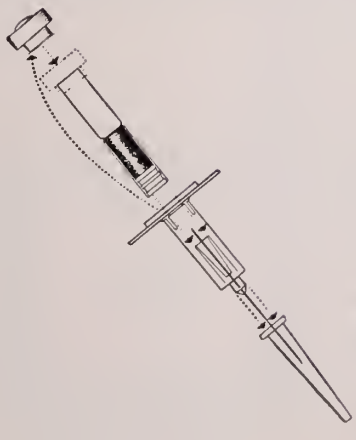
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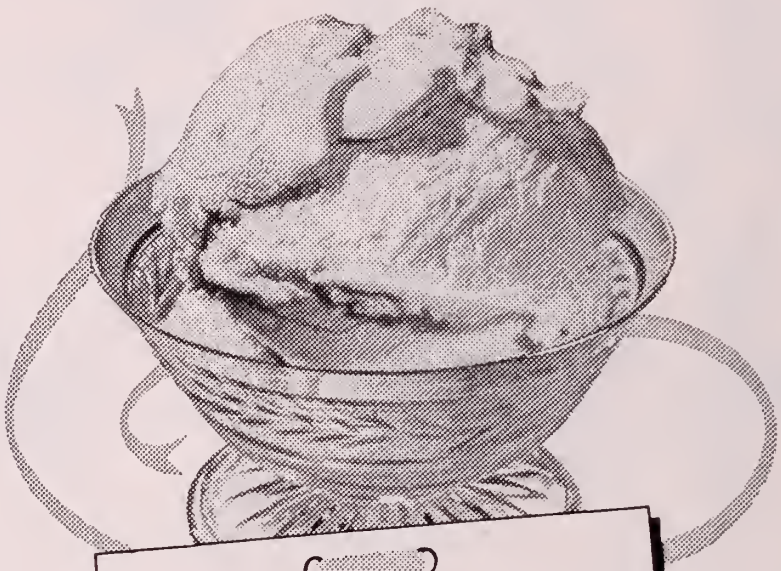
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1. Am. J. Surg. 44:288 (April) 1942.

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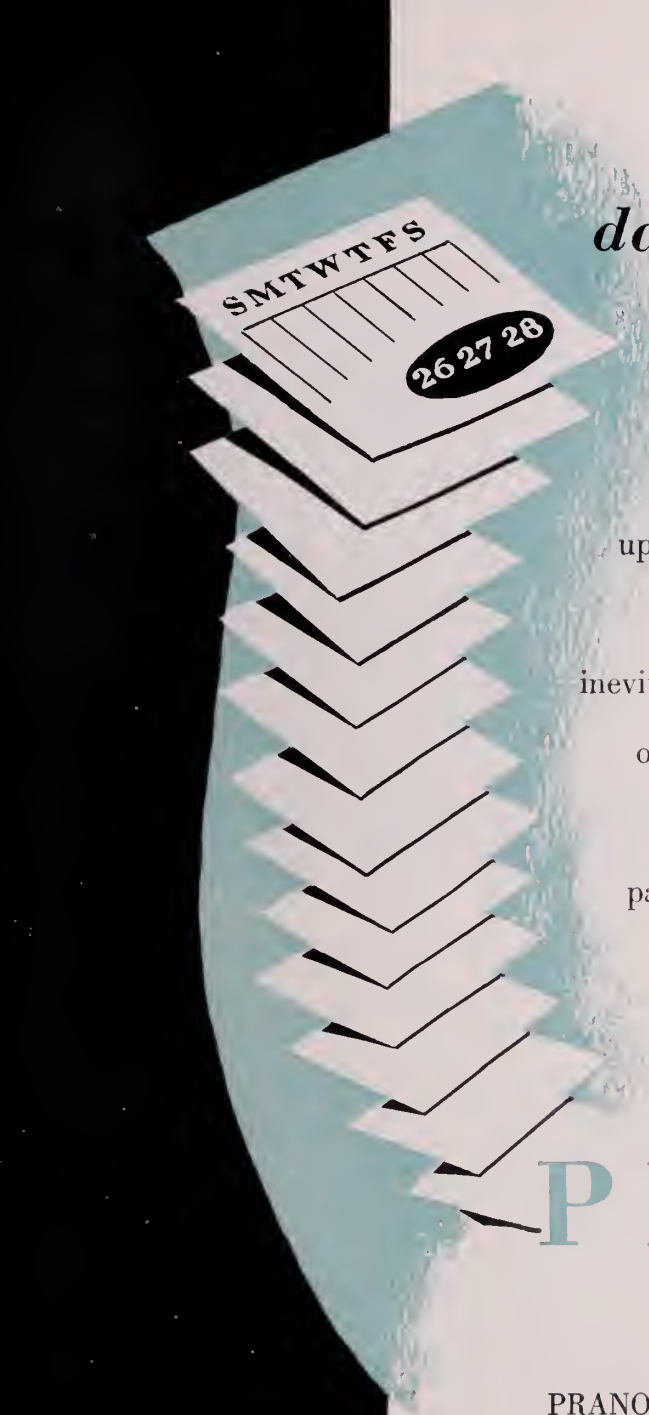
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*LaWall, C. H.: Four Thousand Years of Pharmacy. An Outline History of Pharmacy and the Allied Sciences. Philadelphia, J. B. Lippincott Company, 1927; p. 403.

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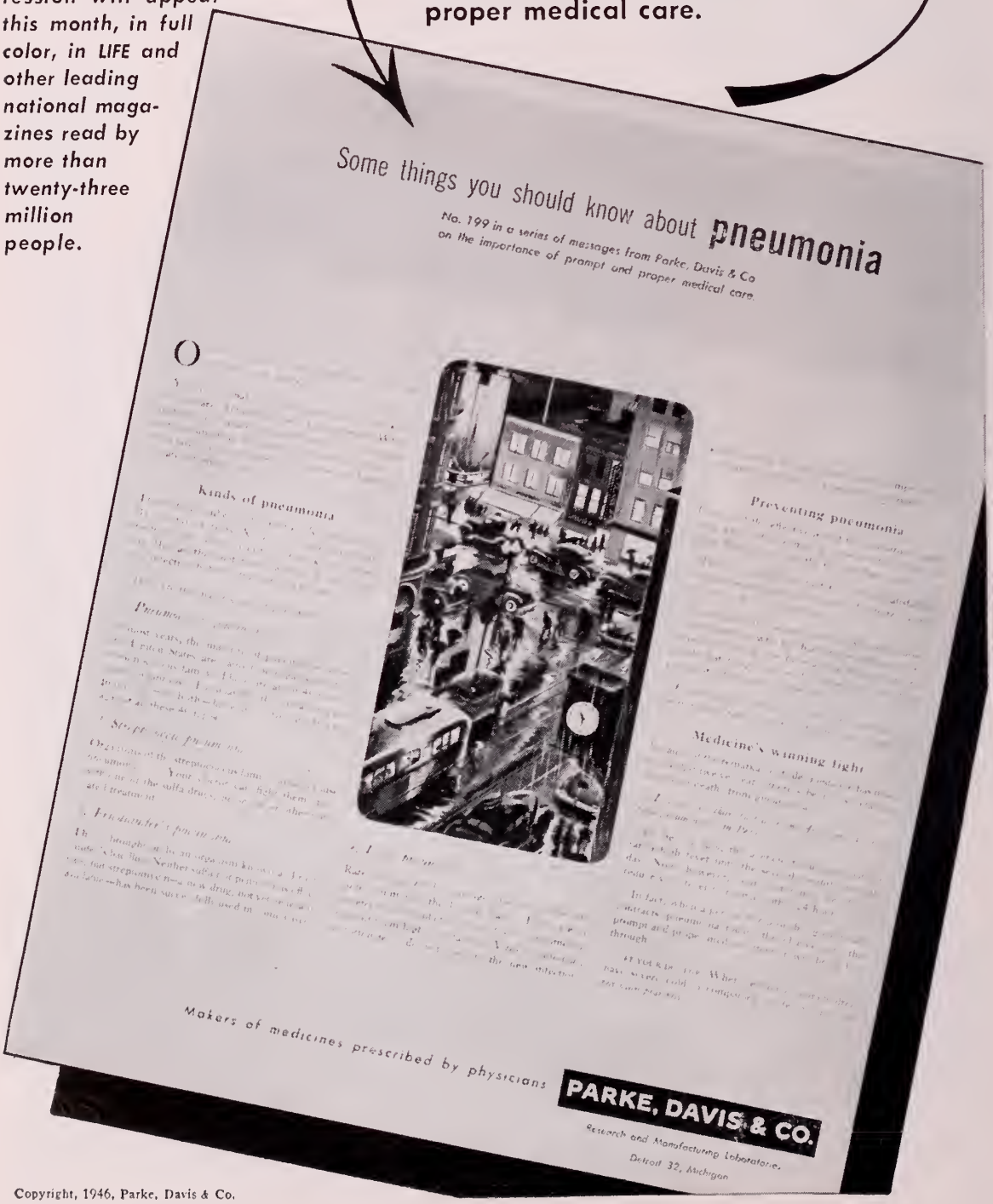
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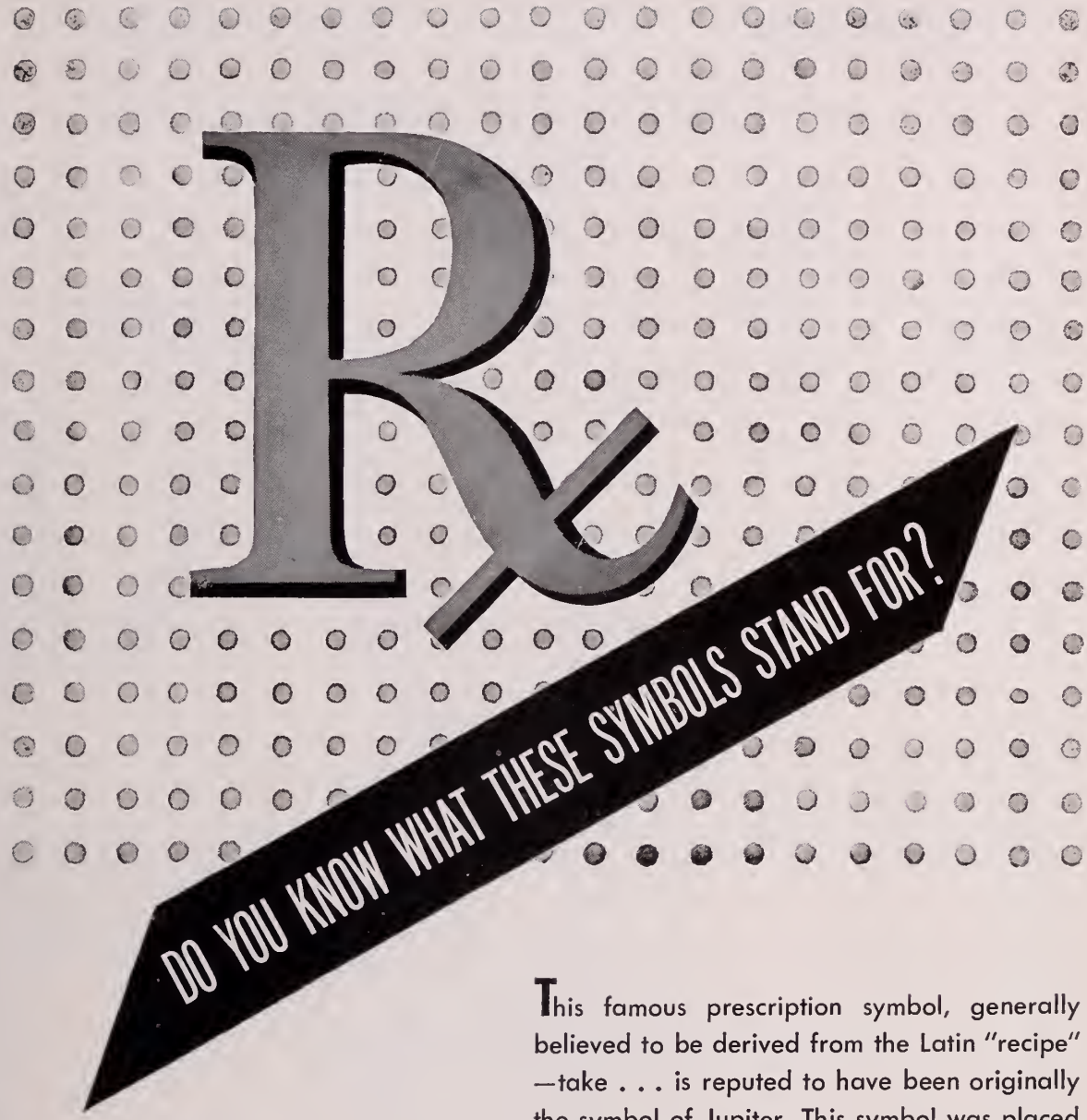
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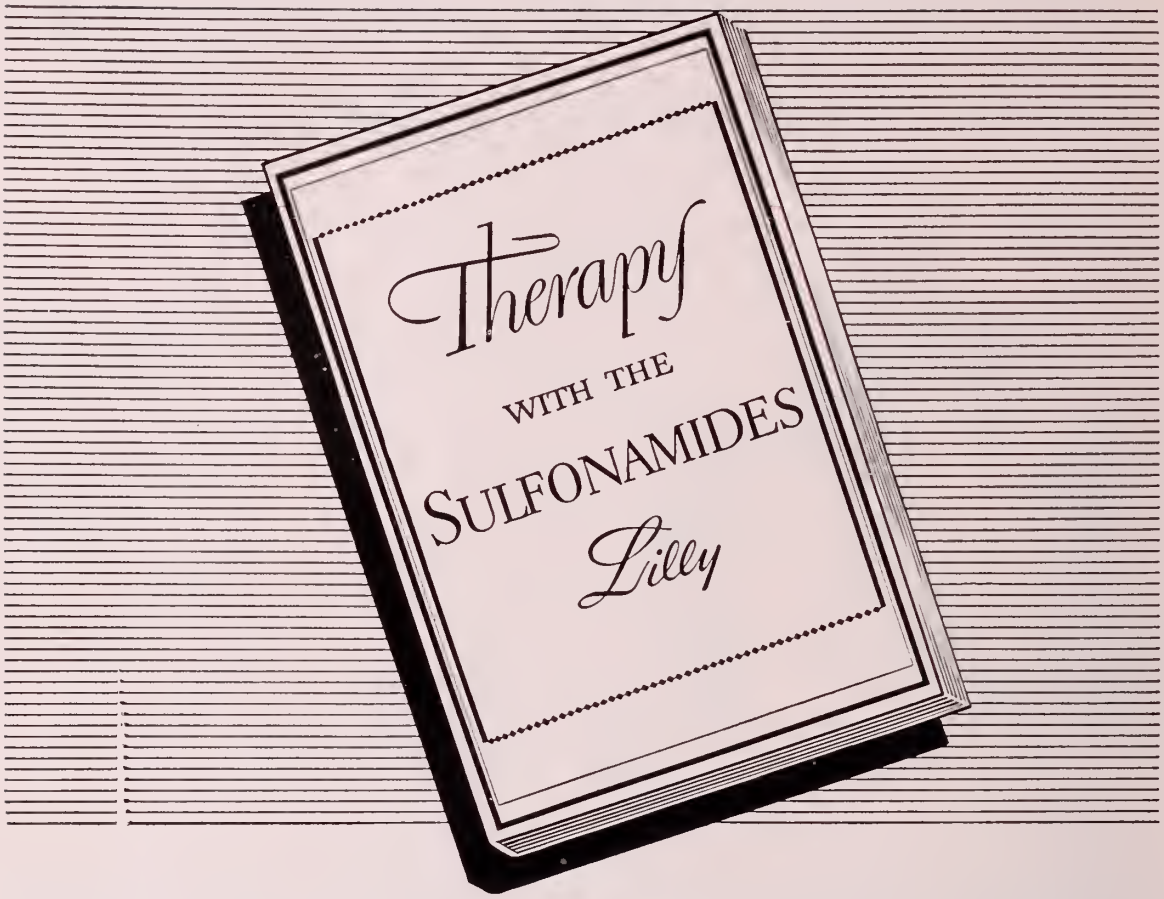
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Volume XXXIII | Jacksonville, Florida, November, 1946 | No. 5

THE SIGNIFICANCE OF SOFT TISSUE INJURIES

R. F. STOVER, M.D.
MIAMI

From the standpoint of anatomy and physiology pregnancy and parturition certainly prove to be destructive phenomena. The changes in the physiology are as yet poorly understood, but changes in the soft tissues of the maternal pelvis following labor and delivery of a fetus at term are demonstrable. The status of these tissues may actually be palpated on examination.

Until a few years ago each anatomist had his own nomenclature for the soft tissues in the pelvis and also was at variance with his colleagues regarding the exact relationship of these structures to themselves and to the other pelvic viscera. Recently, however, the knowledge of the anatomy of the muscles and the fascia of the birth canal has been completed.

Because of the new findings of the anatomy of the pelvis it is necessary that most of this paper be concerned with a short summary of it. The purpose of this presentation is to mention the important soft tissues of the female pelvis and to point out the end results of damage to them. Discussion of treatment of morbidity of the soft tissues is not intended.

The importance of the pelvic fascia, often called endopelvic fascia, is paramount. This fibrous sheath is a continuation of the fascial envelope enclosing the abdominal cavity, and in that location is called the transversalis fascia. It dips down into the true pelvis and splits into two layers which completely enclose the levator ani muscle. This division occurs on the lateral pelvic wall forming a thickened white line extendng from the spine of the sacrum posteriorly forward across the obturator fascia and along the posterior surface of the pubic bone, almost to the symphysis. The anterior part of this muscle arises on the posterior surface of the pubic bone and sends fibers in a convex fashion into the pelvis toward the median raphe and onto the coccyx where it inserts to form the pubococcygeal portion of the levator ani muscle. The posterior portion, or iliococcygeus, completes the posterior part of this muscle and is enclosed by the layers of the pelvic fascia. It inserts almost entirely into the coccyx. The coccygeus muscle completes the closure of the pelvic aperture. The levator ani and coccygeus muscles with their superior and inferior layers of fascia form the pelvic diaphragm.

Fibers from the anterior portion of the pubococcygeus enter into the muscular wall of the urethra, vagina and rectum. The fascia carried down on the superior surfaces of this muscle is also inserted into the walls of these viscera. The fascia, however, extends superiorly along the wall of each and encloses it in a tube of fibrous tissue. Each fascial collar is separate and distinct from that of the adjacent viscera. A fascial tube enters into the formation of the urethral wall, helping support it and the bladder. The sheath which surrounds the vagina extends up to and past the cervix, terminating about the level of the internal cervical os and thereby contributing to the paravaginal connective tissue. The rectum is enclosed in its own fascial collar for a distance of probably 3 to 4 inches. These represent three distinct fasciae of the pelvic diaphragm and act as support for and help fix the viscera which they enclose. They are not to be regarded as true ligaments nor septa.

The ligaments to the bladder, vagina and rectum exist as sheets of connective tissue or thickened bands from the main fascia of the pelvic diaphragm to the respective organs. The bladder, in addition to its envelope of pelvic fascia, is held in place by the retrovesical ligaments as well as the pubocervical ligaments. These last two strong bands extend on either side of the bladder posteriorly to the lateral portions of the paravaginal connective tissue. The space in the midline between the lower uterine segment and the bladder is less dense areolar tissue. The strong bands are often referred to as pillars of the bladder.

The posterior portion of the cervical fascia marks the origin of two ligaments which pass laterally and posteriorly to the sacrum. These are the sacrouterine ligaments which help fix the cervix and the lower uterine segment and contribute somewhat to its support. There is a continuation of the connective tissue of these ligaments

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to the sides of the cervix and to the paracervical and paravaginal connective tissue. It joins with the fibrous sheath of the uterine vessels and strong band of vaginal connective tissue sweeping laterally between the leaves of the broad ligaments. It then unites with the pelvic floor over the obturator fascia. This structure, the strongest in the pelvis, is the cardinal ligament. Medially it joins not only along the lower uterine segment but down along the upper part of the vaginal fascia. The attachments of these ligaments to the lower uterine segment and upper portion of the vagina are relatively broad and very strong. Throughout their entire insertion they form the main support of the uterus.

The pelvic outlet is bridged by a strong laminated structure extending from the margin of the pubic ramus of one side to that of the other. This ligament is the urogenital diaphragm. It is not triangular in shape but quadrilateral with the deep portion extending posteriorly to the coccyx. Between its layers are the deep transverse perineal muscle and the constrictor urethrae, along with some blood vessels and nerves. The deep portion blends with the perineum. The urogenital diaphragm is in direct contact with the pelvic diaphragm in the midline, and in this area they are pierced by the urethra, vagina and rectum. These two diaphragms diverge laterally, forming the apex of the ischiorectal fossa. The urogenital diaphragm thus forms a strong support to the pelvic diaphragm. It also contributes greatly to the support of the urethra, vagina and perineum.

The perineal body is a pyramidal, musculofibrous structure occupying the space between the rectum and the vagina in the midline with its base just under the skin in this area. The apex extends superiorly between the vagina and the rectum. The perineal body itself is contributed to by the confluence of the fascia of the perineal muscles, the rectal sphincter and the levator ani muscle. From its apex the fascial collar of the rectum and the vagina extends along these organs. This fact is noteworthy in connection with the repair of episiotomy lesions and of lacerations of the perineum and those involving the rectum and vagina above the perineum itself.

Loose areolar connective tissue is interposed in all the spaces existing between the main fascial layers in the pelvis. It fortifies the whole pelvic floor, especially the connective tissue in the ischiorectal fossa inferior to the pelvic diaphragm and helps give support from below.

The forceful expulsion of a full term fetus through the true pelvis results in the inevitable rending and stretching of the muscles and fascia of the pelvic floor. The descent of the fetus leaves a path of destruction with special regard to the pelvic fascia that to some degree is permanent, since this tissue is inherently inelastic.

Injury to the cardinal ligaments results in the loss of support to the uterus and, therefore, is the primary factor in descensus of the uterus. It has been demonstrated (Mengert) that even though all other so-called supporting ligaments and tissue may be removed, so long as the cardinal ligaments are intact the uterus is held fairly firmly in position in the midpelvis without prolapse. If the sacrouterine ligaments are damaged, enterocele may develop.

Damage to the pubocervical fascia results in prolapse of the urinary bladder. This defect produces cystocele.

Of all the fascial layers in the pelvis the urogenital diaphragm is probably the most susceptible to trauma from labor and delivery because of its location in the anterior portion of the pelvic outlet. Detachment of the urethra or its damage may result in incontinence or development of urethrocele. When the urogenital diaphragm has been damaged or actually torn, it is impossible for the vaginal opening to be voluntarily closed.

Detachment and laceration of the fascial tubes of the rectum, vagina or urethra manifest themselves in altered function. Rectocele, vaginal and uterine prolapse and cystocele are the end result of damage to these adjacent supporting structures.

The specific tissues injured and the degree of damage resulting from parturition are dependent on the following: the presentation and position of the fetus, the force of the powers of labor, the actual structure of the bony pelvic canal and the inherent quality and tone of the soft tissues themselves.

SUMMARY

The foregoing is a brief review of some of the important facts concerning the anatomy of the female pelvis more recently demonstrated by anatomists. The importance of these contributions is obvious. The sole purpose of this presentation is to attract attention to this newer knowledge concerning the pelvic fasciae and the dysfunction of the pelvic viscera resulting from their damage.

BIBLIOGRAPHY

Curtis, A. H.; Anson, B. J., and Ashley, F. L.: Further Studies in Gynecological Anatomy and Related Clinical Problems, Surg., Gynec. & Obst. 74: 709-727 (March) 1942.

———Anson, B. J., and Beaton, L. E.: Anatomy of Subperitoneal Tissues and Ligamentous Structures in Relation to Surgery of the Female Pelvic Viscera, Surg., Gynec. & Obst. 70: 643-656 (March) 1940.

———Anson, B. J., and McVay, C. B.: Anatomy of the Pelvic and Urogenital Diaphragms in Relation to Urethrocele and Cystocele, Surg., Gynec. & Obst. 68: 161-166 (Feb.) 1939.

Gainey, H. L.: Post-Partum Observation of Pelvic Tissue Damage, Am. J. Obst. & Gynec. 15: 457-466 (March) 1943.

Mengert, W. F.: Protective Shield for Prolapsed Cord; Preliminary Report, Am. J. Obst. & Gynec. 31: 153-155 (Jan.) 1936.

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DISCUSSION

Dr. C. J. Collins, Orlando: Dr. Stover has presented a complete and comprehensive study of the pelvic soft tissues in a manner that one can understand, and I think that is quite an accomplishment. His presentation fills a need for clarification of the divisions and ramifications of the pelvic fascia.

He properly emphasizes the significance of the cardinal ligaments as the main supports of the uterus. I think this is well demonstrated in a total hysterectomy when one clamps and divides the parametrial tissues on either side of the cervix and sees how easily the uterus can be raised out of the pelvis. In thinking of these supports I like to picture a child sitting in a swing with both arms holding the ropes, and the feet on the ground. The arms signify the round ligaments, the body represents the uterus, the seat of the swing the cardinal ligaments, and the ground the pelvic floor. Since I cannot add anything further to the discussion of the anatomy which Dr. Stover has so aptly brought out, I should like to take this opportunity to offer some practical points of interest to the obstetrician and gynecologist in regard to the prophylaxis and treatment of some of the injuries of the soft tissues.

What can we do to minimize the danger to the pelvic soft tissues in labor? First, we should discourage patients to bear down, at least, before the cervix is completely dilated. Second, we should keep the bladder and rectum empty during labor. I think most cystoceles are caused by a full bladder during labor. I do not think we should depend upon the patient to void during labor, but should see that the bladder is catheterized at least every eight hours. Third, we should avoid operative deliveries except when absolutely necessary. Fourth, we should perform a proper episiotomy before the fetal head distends the vaginal outlet too greatly; also we should use prophylactic forceps if we see fit.

A knowledge of the fascial supports is essential to the physician who is doing gynecologic surgery. If a cystocele is repaired without a careful dissection and approximation of the pubocervical fascia, the operation is doomed to failure. When the roof of your house sags down, you do not attempt to pull it up from above; you build up the supports from below. For this reason the operation for correction of uterine prolapse, except in the case of a patient who is desirous of having more children, should always be done by the vaginal route. The choices here are: the Manchaster operation, which is ideal for first and second degree prolapse; second, the Watkins interposition operation, which I dislike because of frequent bladder complications later on and the fact that the uterus is left and may later become diseased, its removal being extremely difficult after this type of operation; third, vaginal hysterectomy with suture of the broad ligament bridge well up under the bladder for support and careful closure of the posterior cul-de-sac with utilization of the sacrouterine ligaments to prevent the formation of enterocele; finally, the Le Fort vaginal occlusion operation in older women who are poor surgical risks. With these operations at our command there should be no excuse for the abdominal approach to cure uterine prolapse except in the instance mentioned—in the women who are desirous of having more children. We have seen abdominal hysterectomies for the cure of prolapse of the uterus with later complete prolapse of the vagina with or without the cervical stump. If the cervix is present and the cardinal ligaments intact, a Manchaster operation can still be done. If the cervix has been removed, the only procedure left is fixation of the vaginal stump to the posterior surface of the abdominal fascia according to the technic of Brady of Johns Hopkins.

I want personally to thank Dr. Stover for bringing this important subject to our attention.

Dr. E. Frank McCall, Jacksonville: I want to congratulate Dr. Stover on his excellent presentation on the anatomy of the soft tissues of the female pelvis. A knowledge of the anatomy of this area is essential to all of the members, even those who take obstetric cases only occasionally. Without this knowledge we cannot successfully prevent damage in labor.

There is little that I can add from the anatomic standpoint, and little from the practical standpoint. Dr. Collins has covered most of these points. There are, however, a few procedures which I should like to emphasize in the care of a patient in labor that will aid in the prevention of damage to the soft tissues.

I should like to stress again the importance of the care of the bladder during the course of labor. It is not enough for us to ask the nurse to see that the patient voids. We must check the bladder ourselves at frequent intervals and see that it remains empty. An empty bladder will not become traumatized by the passage of the fetal head through the maternal pelvis. I think that perhaps the bladder should be catheterized more often than every eight hours during the course of labor, perhaps every four hours.

Another point I should like to emphasize is the procedure of having the patient bear down before complete dilatation of the cervix. We have all seen patients that have been delivered by midwives when they had their first baby and have noted subsequent massive cystocele and rectocele. We can avoid this complication in a great many instances if we do not allow the patient to bear down or push down until the cervix is completely obliterated.

I am sure of one thing that we can do to aid in the prevention of damage to the soft tissues during the course of labor; probably more important than any other factor is the routine use of episiotomy and low forceps. By episiotomy I do not mean a simple cutting of the vaginal mucous membrane, but an incision deep enough to allow plenty of room for the passage of the fetal head.

With a careful approximation of tissues in the repair of episiotomy lesions, most of them heal by primary union and as a result return to the pregravid state. I am using triple O chromic catgut suture material for the repair of these lesions. It has enough tensile strength to hold the tissues in approximation until they have healed. Also, it causes less tissue reaction and is certainly less painful to the patient.

The process of ironing out the perineum I mention to condemn it. We cannot iron out the perineum sufficiently to allow for passage of the fetal head without causing a great deal of destruction to the fascia overlying the rectum. It is much better to do a deep episiotomy than to make any effort to iron out the perineum.

Dr. Stover directed attention to the position or presentation of the fetus. In cases of transverse or occiput posterior presentation, I believe that manual rotation is the procedure of choice. There is less trauma to the maternal soft parts when there is first manual rotation, then application of forceps. If you are unable to do a manual rotation, I would recommend the use of Kielland's forceps. They fit the pelvic curve, and less destruction of tissue results with their use.

At the termination of labor the obstetrician should change gloves and inspect the cervix. In most instances small lacerations need no repair. If there are lacerations of the cervix, they should be repaired immediately at the time of delivery. This procedure will aid in the preven-

tion of endocervicitis, cervicitis and a possible extension of infection to the broad ligaments and soft tissues within the pelvis.

I should like to thank Dr. Stover again for his excellent paper.

DR. S. R. NORRIS, Jacksonville: I have thoroughly enjoyed these discussions. I want to say first that I second everything that Dr. McCall has said, and then I should like to emphasize one or two points.

Obstetricians realize, of course, that the routine use of episiotomy and forceps has been condemned in many places, but when discussing this procedure we presuppose that the operation will be done only by the physician trained to do it properly. Also, it should only be done in the proper environment of the hospital.

We are of the opinion that although one says 'let a woman have a baby normally,' none of us are normal any more. We have not been normal since we started walking on our hind legs. Everything is different. Tissues are not as elastic as they should be. Women living in the backwoods have tissues that are more elastic than those in the modern woman. There are many factors which it is too late to change.

When a patient strains down with all her might and finally expels the head normally, or by pushing down on the abdomen from above, extensive laceration of the soft tissues results. These lesions cannot be repaired as well as when episiotomy is done or the delivery controlled with forceps. This does not mean pulling the head through by brute force. The word controlled means that we are controlling that delivery. A series of cases was reported by a large Eastern clinic. There were 1,000 cases with normal deliveries, letting the patients do what they could; 1,000 with episiotomies; and 1,000 with the use of routine prophylactic forceps. The patients were later examined by a physician who did not know who delivered them, nor in what manner. The best results were found in the group in which forceps were routinely used, and the poorest results were noted in the group experiencing the so-called normal deliveries.

I want to make a plea for the control of delivery with modern surgical technic. To use this method we must have an understanding of the anatomy as brought out here by Dr. Stover.

DR. STOVER, (concluding): In connection with episiotomies, as Dr. McCall brougth out, I think it is highly important that the incision be extended past the apex of the perineum and deep enough to permit the levator ani to be separated and allow for passage of the head. This incision can be repaired with careful approximation, and there will be a foundation that will support the pelvic organs.

I want to thank these gentlemen for their fine discussions.

INFANTILE SCURVY

ALVYN W. WHITE, M. D.
PENSACOLA

To make the statement that infantile scurvy is not rare would at once cause controversy. Unquestionably, much confusion exists over the incidence of this disease. Correspondence with physicians in various sections of the country indicates a wide difference of opinion as to the number of cases. I can find, however, no recent reliable statistics on this subject. McIntosh[1] reported in 1934 an incidence in Boston of 1 in 2,000 cases. Slobody[2] in a recent publication stated that scurvy is rare, but he qualified this statement by adding, "but vitamin C subnutrition is sufficiently common to warrant the attention, not only of students of nutrition, but of practicing physicians as well." R. V. Platou,[3] Professor of Pediatrics at Tulane University, in a personal communication wrote: "I would hesitate a guess at the incidence of scurvy in New Orleans, but it certainly is not uncommon. Coming from Minneapolis, I am surprised at the number of cases we see. We have recently assigned a resident in Pediatrics to compile data on the incidence, etc. . . ." For the last several years, the staff of the department of pediatrics at the Medical Center in Pensacola has been interested in scurvy, being of the opinion that infantile scurvy is not rare, and on reviewing the records, I was able to collect 21 cases seen over a period of two years.

It is apparent that interest in scurvy has lagged. One finds little concerning it in the current literature. It would seem of some interest, therefore, to report this small series of cases, directing attention to the fact that infantile scurvy still exists. And, if scurvy still exists, then there are many more cases of latent scurvy which pass unrecognized. In these cases there is a subnutritional or latent state until bouts of diarrhea and respiratory infections either end in manifest scurvy or, as in most cases, the condition is unintentionally treated by the attending physician in his routine instructions to force fluids and fruit juices, thereby avoiding symptoms of clinical scurvy.

The diagnosis in the cases reported in this series was made on the history and clinical findings only. There were 8 cases, however, in which roentgenograms of the extremities showed the findings described for scurvy. No tests for plasma ascorbic acid levels were done. The following were set up as criteria for diagnosis: (1) artificially fed infants with a history of no vitamin C in the diet; (2) a preceding history of three weeks or longer of fussiness, irritability, loss of appetite, failure to gain and frequent respiratory infections or diarrhea; (3) the presence of the purplish red swelling of the gums, particularly around erupted teeth, which is typical of deficiency of vitamin C; (4) petechiae of the skin or mucous membranes; (5) swollen or painful extremities; (6) roentgen evidence of characteristic bone changes; and (7) the rapid and dramatic disappearance of symptoms with vitamin C therapy.

There were 26 cases in which a clinical diagnosis of manifest infantile scurvy was made. In

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5 cases, however, the patient was seen only one time, and as these cases did not met the criteria for diagnosis, they were not included. A review of the 21 remaining cases reveals that 13 patients were boys and 8 were girls. The youngest was 6½ months old, the oldest 10½ months. All 21 had been on an artificial formula with the exception of 8 to whom breast milk was offered, but was discontinued at one month or less. There was no history of vitamin C in any form. Seven took cereals and 3 took vegetables "occasionally." All had a history of feeding difficulties, frequent colds, or diarrhea, and increased irritability was noticed from two to six weeks before the onset of symptoms suggestive of scurvy. These symptoms manifested themselves from one to six weeks before treatment was started.

In the history, the most commonly noted complaint was tenderness of the legs, noticed when the diaper was changed, or the restricted normal activity of these parts. Second in frequency was the complaint of a purplish red swelling of the gums about the erupted teeth. In all 21 cases there were tenderness and pain in the legs or arms. In 3 cases swelling of the extremities was pronounced. In 14 cases the hemorrhagic manifestations around the erupted teeth were typical. There were 4 additional cases in which changes in the gums were noted and described in the history as "suspicious of scurvy." In 3 cases petechial manifestations were present in the mouth, in 1 in the skin. There was the usual roentgen evidence associated with this disease in 8 cases. Temperature ranging from 99 to 101 F. was noted in 10 cases. In all 21 cases there was improvement on ascorbic acid, the symptoms disappearing in from two to eight days. The dose of ascorbic acid varied from 150 to 300 mg. daily.

The clinical diagnosis of scurvy should not be difficult. The first prerequisite is to remember that it still occurs. It was interesting to note the chief complaint given by the mothers. Many gave a history of injury. In 2 cases occurring during a polio epidemic a diagnosis of polio was made. In 1 case seen recently, and not included in this series, there was a dental diagnosis of trench mouth. It might be of interest to present 1 case which was typical and in which hardly any other diagnosis could be made.

REPORT OF CASE

R.C., a boy aged 8 months, was born following a normal delivery and weighed 8 pounds at birth. He was well developed and nourished. Breast milk failed after the first week, and an evaporated milk formula with Karo was prescribed. Orange juice and cod liver oil were offered him at the age of one month, but were stopped in a few days because of vomiting and a rash. The baby nursed and gained well. During the fourth month, baby foods were offered, but were refused; and so no further attempts were made. When about seven months old, he began to lose his appetite, and his gain in weight decreased. His bowels were occasionally loose, and he vomited at times. He was fussy and irritable. After several days, the mother noticed that his gums were swollen, and as he had a slight elevation of temperature, she attributed his complaint to teething. About ten days before admission, the baby's legs became sore, and it was noticed that he fussed more than usual when handled and refused to place his feet on the floor when held under the armpits.

On admission, physical examination revealed a fairly well developed and nourished 8 month old boy, weighing 17½ pounds. He was pale and listless, lying on his back in the typical pithed-frog position, namely, the lower extremities semiflexed at both hip and knee joints with the thigh externally rotated so that the lateral aspect of the full length of the limbs is in contact with the bed. The legs seemed slightly swollen, and gentle pressure on them caused him to scream with pain. The pain could not be localized, but seemed general over both legs. Pressure applied to both arms revealed them to be slightly tender also. Four teeth were present, with swelling and congestion of the gums, which were a dark purplish red in color. The temperature was 101 F. rectally. There were no other interesting physical findings. Roentgen studies of the lower extremities were reported as follows: "There is a thickening of the epiphyseal plates of both femurs and tibias. The sub-epiphyseal region seems atrophied with diminished density in this area. There is some thickening of the cortex in the shafts." All symptoms disappeared in five days under vitamin C therapy.

COMMENTS

It has been said that manifest scurvy does not occur in infants under five months of age. This conclusion is explained on the theory that vitamin C is accumulated in the tissues before birth. Even though the mother's diet during pregnancy is restricted, a complete absence of vitamin C would lead more often to abortion than to deprivation of the fetus. Manahan and Eastman[4] in their studies showed that ascorbic acid levels in the cord blood at birth are higher than in the maternal circulation. This observation seems to indicate that the needs of the offspring have first claim on an inadequate supply of vitamin C. Normal plasma values for ascorbic acid in infants on an adequate vitamin C diet range from .7 to 1.8 mg. per hundred cubic centimeters. In manifest scurvy these levels fall from 0 to .3 mg. Investigators have repeatedly proved that because of the storage of vitamin C in the tissues, in patients on a vitamin C free diet a period varying from five to ten months is required before the plasma values fall to this level and scurvy manifests itself.

It is well known that scurvy rarely, if ever, occurs in the breast-fed infant. That the human breast is able to concentrate ascorbic acid at a

higher level in the milk than in the maternal blood is also generally accepted. It would seem possible, however, that scurvy might develop in a breast-fed baby if the mother's diet were free of vitamin C, and breast milk only were continued over an indefinite period. In this series of 21 cases, no patient was under 6½ months of age, and none was breast-fed.

Vitamin C, usually in the form of orange juice, was offered at one time or another in all of the cases. The usual causes for discontinuance were rashes, vomiting, diarrhea and the baby's refusal. In most instances at some time in the past the patient had received medical attention for various reasons, at which time cod liver oil and orange juice were suggested by the attending physician. Upon questioning, all of the mothers replied that they knew a baby should have orange juice, but they did not know why. Most of them thought of it only as an additional food, and none had ever heard of scurvy. There were 2 cases in which, because orange juice was refused, prune juice was given, the mother believing that any fruit juice would do. Unquestionably, the most common cause of infantile scurvy today is discontinuance of vitamin C rather than failure to add it to the diet. Vitamin C is known to be easily destroyed by aging and heating. Although it is found in cow's milk in fairly adequate amounts, it is destroyed completely by evaporation and boiling. This vitamin is found in canned orange, grapefruit, pineapple and tomato juices in somewhat smaller amounts than in the fresh fruits. It is known that freshly squeezed orange juice soon begins to lose vitamin C content. It would seem possible, also, that the same loss might apply to canned juices after they are opened. None of the cases of this series could be explained on the basis of the loss of vitamin C as described, for in all it had been discontinued.

This fact makes one wonder if the physician's instructions could not be carried out in a more intelligent way. A little time spent in explaining to the mother the reasons for the addition of vitamins to the diet should certainly obtain better cooperation. This plan would also apply to other instructions which the physician believes are important. He is prone to forget that routine instructions, which are so easily understood by him, may seem complicated to the mother.

It would seem that manifest scurvy still occurs. The incidence varies with the localities and the social and economic conditions. Although this statement might be questioned by some, none seem to doubt that a subclinical form is not uncommon. A vitamin C deficiency is known to be associated with vague digestive symptoms, loss of weight, irregular diarrhea, failure to thrive, apathy, fretfulness and possibly a heightened susceptibility to infections. Whether these symptoms cause a deficiency of vitamin C, which in turn, if prolonged, causes manifest scurvy, or whether a vitamin C deficiency in itself can cause the symptoms mentioned is of little importance. These symptoms are suggestive of vitamin C deficiency. From a clinical standpoint, it would seem that vitamin C therapy in association with other treatment is indicated when this chain of symptoms is presented.

SUMMARY

Twenty-one cases of manifest infantile scurvy diagnosed from clinical findings are reported.

A higher incidence of the latent or subnutritional type of this disease than is commonly accepted is suggested.

The common predisposing causes of vitamin C deficiency are discussed.

An attempt is made to stimulate interest in vitamin C deficiencies.

REFERENCES

1. McIntosh, R.: in Brennemann, Joseph: Practice of Pediatrics, Hagerstown, Md., W. F. Prior Company, Inc., 1937, vol. 1, chap. 35.
2. Slobody, L. B.; Benson, R. A., and Mestern, Joan: The Induction of Vitamin C Subnutrition, J. Pediat. 28: 134-139 (Feb.) 1946.
3. Platou, R. V.: Personal communication to the author.
4. Manahan, C. P., and Eastman, N. J.: Cevitamic Acid Content of Fetal Blood, Bull. Johns Hopkins Hosp. 62: 478-481 (May) 1938.

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DISCUSSION

DR. LUDO VON MEYSENBUG, Daytona Beach: I think this paper of Dr. White's is certainly timely, and he is to be congratulated on presenting it. I have only one criticism to make; he has left practically nothing for his discussors to say. One can, however, emphasize a few points, particularly in the diagnosis of so-called subnutritional or latent scurvy.

The pathology of scurvy can be summed up in one word: hemorrhage. Is this due to something lacking in the food, vitamin K deficiency, calcium or prothrombin? It is none of these. There is an increased permeability of the vessel walls due to lack of vitamin C. A simple test can be made to determine this increased permeability. It is the so-called capillary resistance test used by a pediatrician in New York many years ago. It is done by placing the fingers around the upper arm like a tourniquet. The capillary response will show if there is increased permeability of the walls, resulting in petechiae before the tourniquet. That test is simple to apply and probably will give a diagnosis of the latent form of scurvy when other manifestations are lacking. For instance, if one looks for hemorrhages of the gums, he will not find any in babies in whom the teeth have not erupted. There is no hemorrhage without eruption of teeth. If one looks for bleeding of any kind, he may or may not find it. That observation is also true of the

gastrointestinal tract. In the latent or subnutritional type of scurvy it is difficult to arrive at a definite diagnosis.

Roentgenograms of the long bones sometimes show characteristic changes indicating subperiosteal hemorrhage. In the manifest type of scurvy there is the so-called white line seen at the lower end of the femur and humerus. Another early change in the physical findings of scurvy is beading of the ribs. All are familiar with rachitic rosary. The beading due to scurvy differs from rachitic beading. It is more angular, not a soft rounded knob such as rachitic beading, but a strong nodulation which stands out prominently. The nodules of this type were proved to be of scorbutic origin. They cleared up readily in the babies on whom the studies were made and who had no rickets.

Another interesting point to my mind is the question of whether or not vitamin C is stored in the body. It is known that babies do not have scurvy much before five or six months after birth. Evidently there was a storage of vitamin C in the tissues prior to birth. Experimental studies have, however, shown that when that storage has been exhausted there is no further storage. The vitamin must be constantly supplied to the body in order to prevent the early development of scorbutic manifestations.

Regarding orange juice, I am sure all physicians interested in the feeding of babies agree that few babies can take orange juice. They break out with rashes and have vomiting and much gas. They have upsets. If the physician does not tell the mother to stop orange juice, she will do it herself. The symptoms are most unpleasant. There is, however, no excuse for babies to have scurvy any more. Ascorbic acid can now be given in any amount necessary for protection.

I think this paper was a particularly timely one, and I am much pleased to have Dr. White present it.

Dr. John W. Hayes, Jacksonville: I, too, agree with Dr. von Meysenbug that Dr. White did not leave much for us to discuss. I want to congratulate him on this excellent paper and the cases he presented.

I think physicians see a great many more cases of latent scurvy than they recognize, unintentionally of course. Certain fruit juices and fluids naturally take care of this lack of vitamin C. As a consequence, the physician never sees the manifest scurvy that he would otherwise.

When Dr. White wrote and asked me to discuss this paper, it really struck a responsive chord in my heart. I will never forget the first case of scurvy which I saw here about ten or twelve years ago. The baby was 12 months of age and lived on an orange grove in the central part of the state. The child was given orange juice, but because of a rash the mother stopped giving it. When that baby was brought in, the mother complained that the child had stopped walking for three days. She feared polio. The child had been walking for three months prior to this time. On examination, there was evidence of an advanced stage of manifest scurvy. The long bones were very dense. The extremities were all hard and inflamed. Roentgen studies indicated pronounced subperiosteal hemorrhage of all the long bones. The gums were red, soft and bleeding. The child was especially irritable and cross during the examination. In about five days the results with vitamin C therapy were so great that every time I would see a baby with bleeding gums, trench mouth or suspected polio, that would always enter into the diagnosis more strongly than ever.

I think in seeing these cases if one keeps these few points in mind, they will help a great deal.

I have some roentgenograms here, which unfortunately I cannot show. I also think that in scurvy before clinical manifestations are evident, there are bony changes. One roentgenogram shows an apparently normal baby with no signs of scurvy in the bones. At 8 months of age this child had all the typical signs of early scurvy. On vitamin C therapy it cleared up within a few days. In the other case the roentgenogram shows the early signs of vitamin C deficiency which Dr. von Meysenbug mentioned, white lines at the end of the long bones. This child also had clinical symptoms and was admitted with a possible diagnosis of polio. These 2 cases to my mind present the early diagnosis of scurvy which one sees and for which one should watch. Keeping these points in mind will help many times in the early recognition of scurvy.

Dr. George Cook, Tampa: I should like to ask Dr. White three questions:

1. How many of these cases were in the ignorant and how many in the well-to-do class?
2. How many cases occurred in rural communities and how many in incorporated towns?
3. In how many cases was the patient seen by him from time to time before the disease developed?

Dr White, (concluding): I thought I would get by without being put on the spot, but it looks like Dr. Cook waited until last and then came up and upset the apple cart. In answer to the first of his three questions, it is hard to say, but I would think about two thirds at least were in the poorer class. It was not remarkable that there were a few in the educated class. As I stressed in my paper, the reason for the discontinuance of the diet was the presence of rashes and vomiting. The disease occurs in both classes. Even in the educated class, the mothers did not know what scurvy is. They said they had never heard of it. They probably recalled it after some time, but not right away.

As to the second question, it was about half and half. About 50 per cent lived in the city, and about 50 per cent were in rural communities.

As to the number of patients I had previously seen, I would say that I had seen about two thirds of them before. Maybe I had seen them just one time, but there were a few that I had seen two or three times.

About latent or subnutritional scurvy, I do think that this is the most important form of vitamin C deficiency.

Dr. von Meysenbug mentioned the use of a skin or capillary response test in diagnosing vitamin C subnutrition. There is also an intradermal test for plasma levels described by Slobody and his associates[2]. One injects a dye (dichlorophenoindophenol sodium), and the level is determined by the time it takes for the dye to disappear.

I should like to thank Dr. von Meysenbug, Dr. Hayes and Dr. Cook for discussing my paper.

MATERNAL MORTALITY IN FLORIDA

LUCILLE J. MARSH, M. D.
JACKSONVILLE

For several years in the past Florida has been in the unenviable position of losing more mothers from puerperal causes than any other state in the United States. Even so recently as 1939 and 1940 this state lost more mothers per thousand live births than did any other. Since then, however, in spite of the crowded conditions and the shortage of physicians, Florida has reduced the maternal mortality rate so that now five states have higher rates. This paper was prepared in the hope that a study of the causes of maternal deaths in Florida would point the ways to further improvement.

The accompanying table and chart illustrate the progress that has been made. During the

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period from 1919 to 1933 little change was evident. The rates fluctuated from a low of 9.3 maternal deaths per thousand live births to a high of 12.4 in 1924. In 1933 there were 11.1 deaths from puerperal causes per thousand live births. Since that year there has been a definite trend downward. The average rate for the United States has declined during the ten year period; so the rate in Florida is still higher than the average for the country as a whole.

In 1933 Florida lost 11.1 mothers for every thousand live births. In contrast, Idaho had only 7.2 deaths from puerperal causes per thousand live births. Idaho had the best record in 1933. Ten years later in 1943, Florida, the sixth highest, had half the number of deaths that Idaho, the lowest in the United States, had in 1933, or 3.5. Minensota, the lowest, however, had only 1.4 deaths per thousand live births. Florida had more than twice the number of deaths. Some progress has been made, but not nearly enough.

The high mortality rate in the Negro group obviously keeps the rate high. In 1944 the death rate for white persons was respectably low, being 2.3, but the death rate for Negroes was 6.1, bringing the average up to 3.2. If the Negro group had had as low a mortality rate as the white group, instead of 96 Negro women dying from puerperal causes only 28 would have died. If in 1943 Florida had lost only 1.4 mothers per thousand live births as Minnesota did, there would have been only 69 deaths instead of 173, a saving of 104 mothers.

These women die at all ages. It is more dangerous for a woman to have a baby before she is 14 or after she is 45. In the five year period from 1938 to 1942 there were 4 maternal deaths among Negroes in the age group from 10 to 14, and 3 deaths, 2 among white women and 1 among Negro women, in the age group from 45 to 49. Because of the comparatively few pregnancies occurring in the extremes of the childbearing age, these small numbers of deaths make the rates high. The safest time to have a baby in Florida is in the twenties. Florida is no different from any other place in the world in this particular. The one interesting observation in the age study is that only in the age group of 45 to 49 was the maternal death rate for white women higher than that for Negro women.

Where do these women die? The only figures available are for the five year period from 1938 to 1942, when of the 650 deaths, 367 occurred following hospital deliveries and 283 following home deliveries. All of those who work in hospitals recognize that the dice are loaded against hospitals. The most serious cases, the moribund cases and the hopeless cases are the ones brought into the hospital. This practice used to be even more universal than it is now. In 1937, only 32.3 per cent of all deliveries were made in the hospital. In 1944, 67 per cent of all deliveries were hospital deliveries. With increasing hospitalization and better standards of hospital care, the number of mothers dying is growing less. In 1941, there were 145 deaths, 97 following delivery in the hospital and 48 following delivery in the home. In 1942, there were 111 deaths, 63 in the hospitals and 48 following delivery at home. Even though more women are being delivered in hospitals, fewer are dying there. Either they are reaching the hospital earlier so that they can be saved, or hospital care has vastly improved.

Who delivered the women who died? In 1941, 90 women died before delivery from puerperal causes and 145 died after delivery. Of this number, 123 were delivered by physicians, 21 by midwives and 1 by other attendants. In 1942, 57 died before delivery and 111 died after delivery. Of those dying after delivery, 79 were delivered by physicians, 22 by licensed midwives and 10 by other persons. This decrease in the number of maternal deaths under the care of physicians came even though the total number of births attended by physicians increased by 3,462 from 1941 to 1942. The number of births attended by midwives remained about 9,000. Other persons, such as osteopaths and naturopaths, attended a slowly increasing number of births, from 656 to 748.

In 1943 the number of births attended by physicians increased by 8,016 although there was a reduction in the number of physicians. This increase was probably due to the fact that many of the dependents of men in the service were delivered by physicians in the Medical Corps. The number of births attended by midwives increased from 9,092 to 9,660. The number of births attended by others rose from 748 to 966.

As for the reasons why these mothers die, the death certificates show that most of them die from one of three causes: hemorrhage, infection,

or eclampsia. Hemorrhage after delivery has not decreased greatly during the last ten years. As the deaths from other causes decrease, the percentage of deaths from hemorrhage increases a little. In 1935 the percentage was 10.5 (25 deaths); in 1944 it was 13.9 (23 deaths).

Infection after delivery presents another picture. There were 65 deaths, or 27.3 per cent, from infection after delivery in 1935; the number decreased to 31 in 1943, or 18.2 per cent of the total number of deaths from puerperal causes; it rose to 33, or 19.9 per cent in 1944. The better standards of obstetric care may have something to do with this change. Certainly the widespread use of the sulfonamides in the treatment of infections must be considered in thinking of the reasons for the decrease in the death rate when infection is present. The decrease was apparent nationwide as well as in Florida.

Toxemia before and after delivery is still the cause of the highest number of deaths from puerperal conditions. Although the total number of deaths from toxemia is somewhat less than it was ten years ago, there are more than twice as many deaths from this cause as there are from hemorrhage and 50 per cent more than from infection. In 1944 toxemias accounted for 31.9 per cent of all such deaths in Florida. One physician alone reported 5 deaths from toxemia. When the deaths in which toxemia was mentioned as a contributing cause, but not the only cause of death, were added to the deaths from toxemia alone, the total number of deaths from toxemia was more than doubled.

An interesting observation on the prevalence of maternal deaths from toxemia appeared when the national figures were studied. A division of the states into North and South along the old Mason-Dixon line brought out the fact that deaths from toxemia in the South were consistently more frequent than they were in the North. This could mean either that more women had toxemia or that more women with toxemia died in the South. A study of the prevalence of toxemia from the mortality statistics alone can be misleading. It is obvious that in a case of toxemia the patient may be lost by poor obstetric care, whereas in another case possibly more severe the patient will be saved by expert care.

Studies made on the toxemias of pregnancy in Boston, in New Orleans and in Iowa seem to agree that one of the important factors in the etiology of toxemia is a lack of certain protein elements in the diet. If this is true, it is not surprising that the South has more cases of severe toxemia than the North. For some years the belief was general in the South that protein foods are too heavy and heating for the warm weather. And protein foods are expensive. The low economic level of many Florida residents has helped in setting the pattern for a diet of grits, white pork and corn bread. The addition of fish from the streams and the use of dried skim milk or canned milk and eggs can build a much more adequate diet without adding greatly to the cost. This is the sort of education every effort is being made to disseminate through the clinics.

The Emergency Maternity and Infant Care program has been an interesting experiment. The records have not been studied intensively. They represent deliveries in a group of service men's wives. The youngest mother was 15. To a certain extent they represent a selected group in that most of them were young primiparas living under unfavorable conditions of crowding, excitement and irregular diet. The attempt was made to give them better medical care than the average person in the low income group in the locality was receiving. There were supposed to be no midwife deliveries. As much public health nursing was given as could be managed. In every case within reach of a hospital the patient was given the opportunity of a hospital delivery. As a result, in 95 per cent of the cases there were hospital deliveries. In practically every case delivery was made by a physician. Only 38 have been delivered by osteopaths to date. No others were permitted to participate in the program.

For the first 6,560 live births from June 1943 to December 1944 there were 14 maternal deaths, making the rate 2.13 lower than the average for the United States. The total Florida rate for the same period was 3.5 in 1943 and 3.2 in 1944. In 1941, it was 6.3. As the number of cases increases, I believe this rate will be even lower. Of these deaths 92.9 per cent were from eclampsia, hemorrhage and infection. The deaths attributed to infection were caused by subacute bacterial endocarditis, rheumatic heart failure and pelvic peritonitis, septicemia and postpartum psychosis, toxic myocardosis, peritonitis, postabortal sepsis and septicemia. Some of the girls who died had received no prenatal care at all. In spite of every attempt made on a nationwide

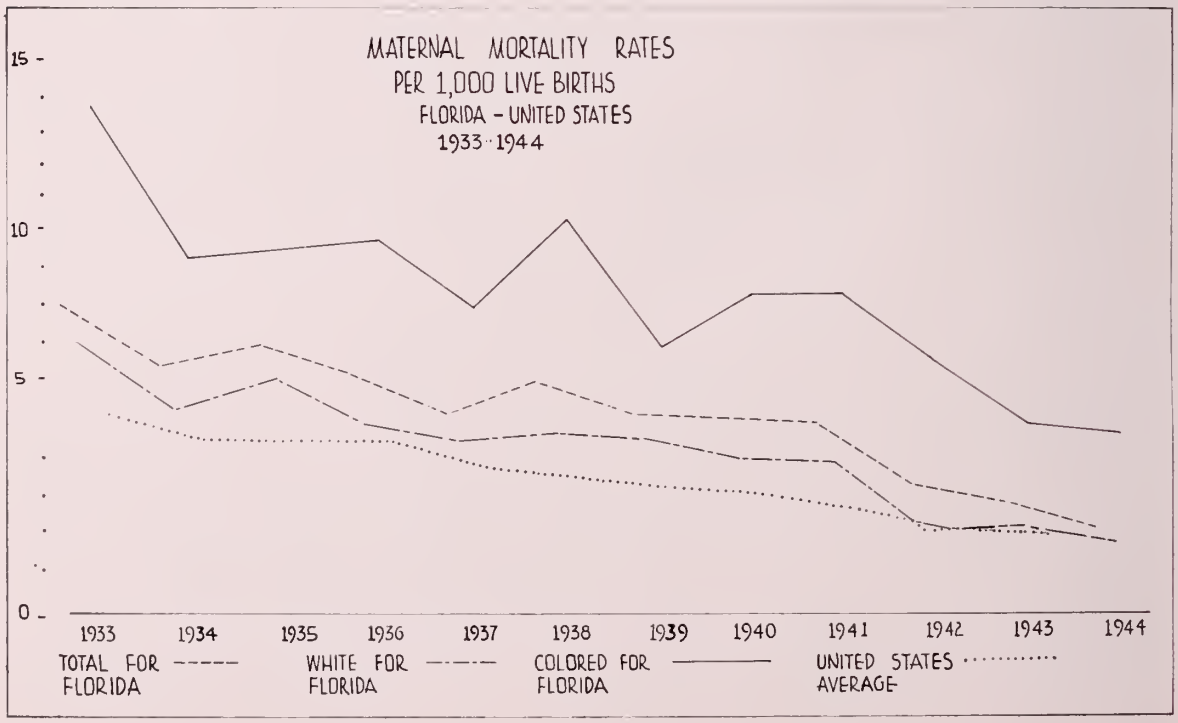
basis by the armed forces and the Children's Bureau, and the attempts made in Florida by every medium that could be devised to direct attention to the need of and provision for prenatal care, there remained some girls who refused to accept it.

There were girls who did supremely foolish things. The classic story remains that of the girl who traveled in the seventh month of pregnancy from one of the Northwestern states to join her husband in Tampa. She had had some bleeding before she left home and had been warned not to travel. She began to hemorrhage actively but slowly enroute. When she was finally too ill to resist longer, she was removed from the train in a small city of Florida where she was rushed to the hospital. In spite of every possible care, it was too late to save her, and she died, a tragic, useless sacrifice.

It seems to me that the reduction in maternal mortality evident in Florida in the last ten years has come about through the interaction of many factors. Some of the more obvious are improvement in the economic status of many of the lowest income group, improvement in medical care available and education of the public to utilize the best available facilities. There remains a great deal still to do.

COMPARISON
MATERNAL MORTALITY RATES PER 1,000 LIVE BIRTHS IN FLORIDA AND THE UNITED STATES
1933-1944

Year	White		Non-White		TOTAL	
	Fla.	U. S.	Fla.	U. S.	Fla.	U. S.
1933	8.7	5.6	16.2	10.0	11.1	6.19
1934	6.8	5.4	11.4	9.3	8.2	5.9
1935	7.1	5.3	11.6	9.55	8.5	5.8
1936	6.0	5.1	11.8	9.81	7.7	5.68
1937	5.2	4.4	10.0	8.62	6.6	4.89
1938	5.3	3.77	12.6	8.61	7.5	4.35
1939	5.6	3.53	8.5	7.71	6.5	4.04
1940	4.8	3.2	10.2	7.82	6.4	3.76
1941	4.6	2.66	10.3	6.9	6.3	3.17
1942	2.5	2.2	8.1	5.49	4.1	2.59
1943	2.6	2.1	6.2	5.1	3.5	2.45
1944	2.3		6.1		3.3	



From Our President

WELCOME SOUTHERN MEDICAL ASSOCIATION

It affords the Florida Medical Association genuine pleasure to welcome the Southern Medical Association as its members gather in Miami for the fortieth annual meeting on November 4-7. The occasion is particularly auspicious in that this outstanding organization of distinguished Southern physicians, appropriately described as "IN the SOUTH, OF the South, FOR the South," turns from the victory meeting in Cincinnati to the truly deep South and the nation's playground for this second postwar meeting. The state of Florida, the city of Miami and the physicians of the state take pride in their role as host and earnestly desire that the happy event may be both highly profitable and thoroughly enjoyable for the visitors.

This is the third meeting of the Southern Medical Association in Florida and the second in Miami. The first meeting was held in Jacksonville thirty-four years ago, and seventeen years have elapsed since Miami was the host city for the second meeting. Acceptance of the invitation to return at this time, tendered by resolution of the Florida Medical Association and the Dade County Medical Society, was, therefore, received with particular gratification.

Two distinguished Florida physicians, the late Dr. J. M. Jackson of Miami and Dr. H. Marshall Taylor of Jacksonville, have served the Southern Medical Association as president. Dr. W. C. Thomas of Gainesville is at present the Councilor from Florida. The Association is pleased to have many of its members also affiliated with the guest association and rejoices in its phenomenal growth to a membership of seven thousand and in its constructive contribution through four decades to the progress of medical science in the South.

To the members of the organizations meeting conjointly with the Southern Medical Association a most hearty welcome is likewise extended. These societies are the American Public Health Association, Southern Branch; the American College of Chest Physicians, Southern Chapter; the American Society of Tropical Medicine, and the National Malaria Society.

It is hoped that the beauties of Florida with its salubrious climate and the diversified recreation facilities of the unique host city will so complement the attractions of the excellent scientific program that each guest will enjoy the intellectual stimulus and the recreational relaxation which afford the perfect vacation with profit.

Thaler Richardson

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GENERAL PRACTICE OF MEDICINE SPECIALTY GROUP

Of interest to many members of the Association is a resolution from the Section on General Practice of Medicine adopted by the House of Delegates of the American Medical Association at the San Francisco session in July. This resolution directs attention to the establishment of an individual Section on the General Practice of Medicine within this organization and recommends the estalishment of a like group within the various state and county societies that are a component part of the parent organization.

This recognition of the general practice as a separate branch of the medical profession is both timely and a wholesome step forward. Since in Florida the Association has no sections, the organigation of a specialty group among the general practitioners would be comparable. It would promote the best interests of this branch of medicine and would mark a milestone of progress within the profession as a whole.

It is suggested that the fostering of a state society composed of members of the Association engaged in the general practice of medicine and sponsored by suitable and experienced leaders would be worth while. Such an organization might well be undertaken at this time if the interest manifested is sufficient to make such a project seem expedient. The Journal welcomes expressions of opinion from general practitioners throughout the state.

H. L. P.

STATEWIDE MENTAL HYGIENE PROGRAM

Among the proceedings of the House of Delegates of the American Medical Association at the San Francisco meeting in July was the adoption of a resolution pertaining to a statewide program on mental hygiene and mental disease. This resolution calls upon the medical profession to give increased leadership and support to research activities in the field of mental disease, improved institutional care of the mentally ill and adequately financed mental hygiene programs, for all of which there is urgent need in most states.

The request is made that each state medical association be in the vanguard of sponsors of the movement to develop an adequate statewide mental hygiene and mental disease program. Cooperation with interested lay groups in stimulating public interest and financial support is also urged.

This action comes at a time of great public interest in the care of the mentally ill. Undoubtedly the medical profession can accomplish great good by aggressively and intelligently leading out in efforts to improve the care of these patients and to safeguard those who are not mentally ill against possible breakdown. Members of the Association, particularly those who are strategically situated through personal interest and training and through official status to further this program, will render timely and highly commendable service to the public and to the profession by heeding this request to participate fully in these activities.

H. L. P.

STATE NEWS ITEMS

Mr. H. A. Schroder of New Orleans, a veteran of 10 years in hospital service work, was recently appointed executive director of the Florida Hospital Service Corporation and the Florida Medical Service Corporation. Mr. Schroder succeeds Mr. H. A. Cross, who resigned.

Dr. Frederick H. Bowen was guest speaker at the weekly luncheon meeting of the Kiwanis club of the Beaches recently. Dr. Bowen chose for his subject, "What's New in Surgery."

Dr. W. C. Roberts of Panama City was the guest speaker at a Kiwanis club luncheon meeting reecntly. Dr. Roberts illustrated his talk with motion pictures taken while he was at Okinawa.

Dr. F. A. Brink, long associated with public health in Florida, recently resigned as County Health Officer of Jefferson County.

Dr. B. L. Arms, formerly State Health Officer in Florida but recently employed in public health work in Maine, has been appointed County Health Officer of Jefferson County with headquarters at Monticello.

Dr. Charles J. Roehm recently released from the A. U. S. has accepted the position of local Health Officer in the Unit composed of Okaloosa, Walton and Holmes counties. His chief headquarters will be at DeFuniak Springs.

Dr. Bruce Underwood, recently Health Officer in Henderson County, Ky., has been appointed local Health Officer in the Leon County Health Department with headquarters at Tallahassee.

Dr. James B. Hall has been appointed Health Officer in the Southeastern Florida Health District with headquarters at Vero Beach. He will report to work there on October 15.

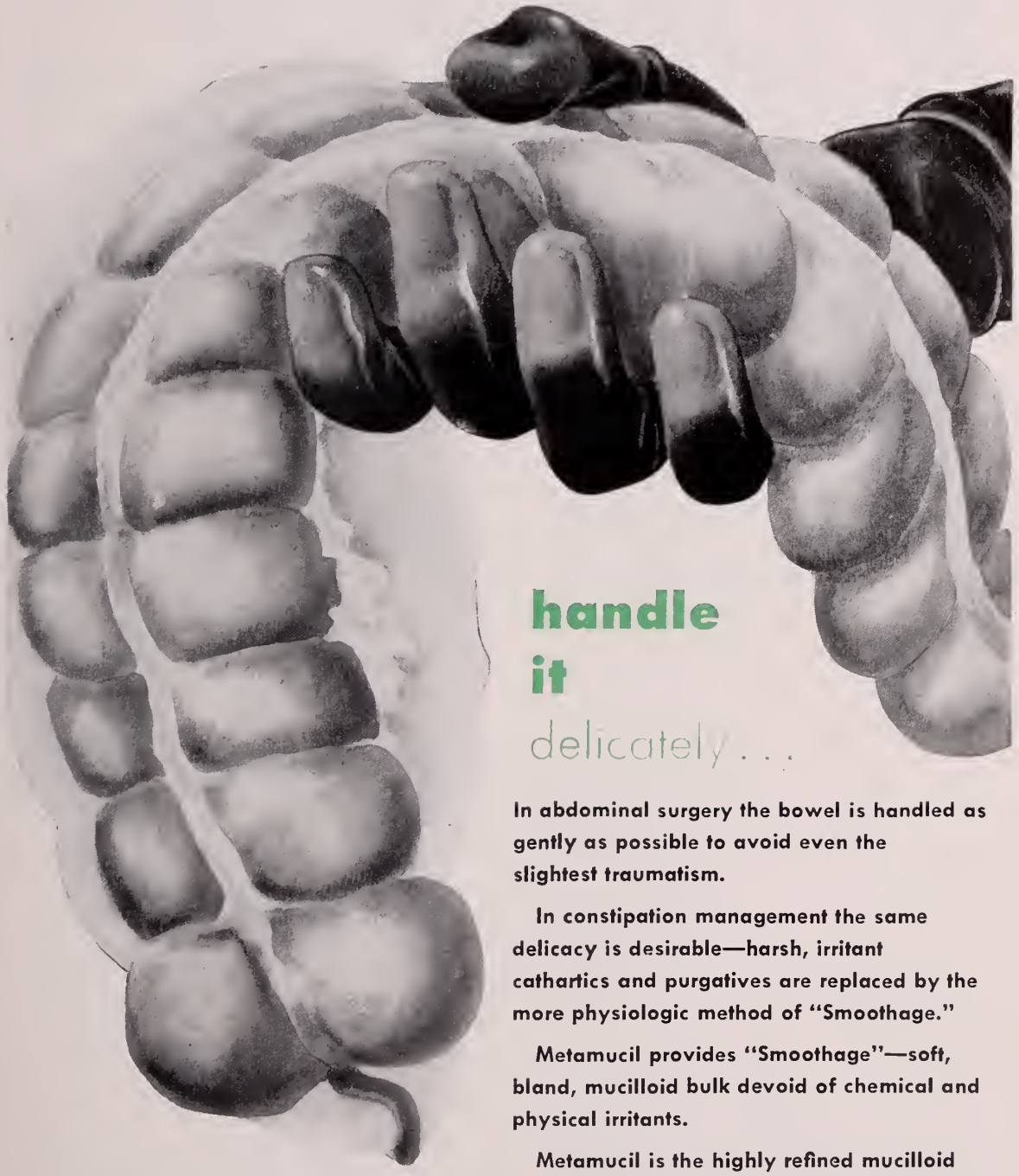
Members of the Florida Medical Association who attended the Cincinnati Assembly of the American Roentgen Ray Society, September 17-20 were: Drs. J. Maxey Dell, Gainesville; J. C. Dickinson, Tampa; J. C. Lucinian, Miami; H. O. Brown, Tampa; A. M. Feaster and O. O. Feaster, St. Petersburg.

At the meeting of the American Urological Association held in Cincinnati on July 22-25, members of the Florida Medical Association attending were: Drs. Russell B. Carson, Ft. Lauderdale; M. M. Coplan, W. L. Fitzgerald, James J. Nugent, E. Clay Shaw and Jandon Schwarz, Miami; Charles Lippow, Miami Beach; Louis M. Orr and Frank J. Pyle, Orlando; Gideon Timberlake, St. Petersburg; James L. Estes and Linus W. Hewitt, Tampa, and Kenneth Montgomery, West Palm Beach.

The National Cancer Institute has funds to support 100 traineeships in the diagnosis and treatment of cancer in the current fiscal year. A considerable number of trainees have already been appointed, but more than 50 appointments are still to be made. Traineeships are for a year's duration and are paid for on a per diem basis, totaling between 2500 and $3000. Graduates of approved medical schools who have completed one year of internship in a hospital approved by the A.M.A. are eligible. Applicants should not be over 40 years of age. Application should be made through Dr. Wilson T. Sowder, State Health Officer, P.O. Box 210, Jacksonville 1, Florida.

Dr. and Mrs. Harrison G. Palmer, St. Petersburg, enjoyed a delightful two months vacation in Michigan and Wisconsin.

The American Academy of Allergy will hold its annual convention at Hotel Pennsylvania, New York City, November 25-27 inclusive. All physicians interested in allergic problems are cordially invited to attend the sessions as guests of the Academy without payment of registration fee. The program has been arranged to cover a wide variety of conditions where allergic factors may be important. Papers will be presented dealing with the latest methods of diagnosis and treatment as well as the results of investigation and research. Advance copies of the program may be obtained



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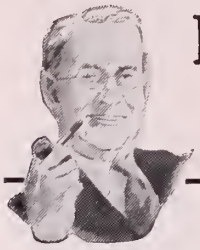
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From where I sit, you can talk about diplomacy and foreign policy, but it's often those little things—like a game of chess or a friendly glass of beer —that can make for tolerance and understanding . . . between people of all nations . . . between neighbors right here at home!

Joe Marsh

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DEATHS

MEMBERS

Dr. Sheldon Alexander Morris, Jacksonville—Sept. 12, 1946

Dr. John Samuel Turberville, Century—Sept. 21, 1946

Dr. Maxwell D. Kirsch, Miami—Aug. 24, 1946.

OTHER DOCTORS

Dr. S. Leftwich Whitely, Cedartown, Ga.

MEDICAL OFFICERS RETURNED

Dr. J. M. Dell, Jr., who entered military service on July 11, 1942, received his discharge on Feb. 14, 1946. His address is 333 W. Main Street, Gainesville. He held the rank of Lieut. Colonel.

Dr. James W. Clower, Jr., who entered military service on July 10, 1944, received his discharge on Aug. 12, 1946. His address is Duke Hospital, Durham, N. C. He held the rank of Lieutenant.

Dr. Noel C. Mellen, who entered military service on Aug. 18, 1942, received his discharge on May 23, 1946. His address is 1206 Palafox Street, Pensacola. He held the rank of Captain in the Army.

Dr. William S. Randall, who entered military service on Aug. 5, 1942, received his discharge on Aug. 13, 1946. His address is Watts Hospital, Durham, N. C. He held the rank of Major.

Dr. Horace D. Atkinson, who entered military service on July 9, 1943, received his discharge on July 4, 1946. His address is 403 Marble Arcade, Lakeland. He held the rank of Lieutenant.



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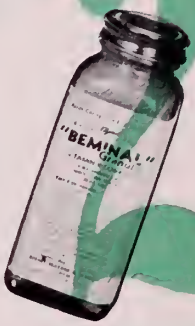
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Dr. Joseph H. Rutter, who entered military service on July 1, 1942, received his discharge on Sept. 6, 1946. His address is 303-A, Route 1, Daytona Beach. He held the rank of Commander.

Dr. Frank S. Adamo, who entered military service on Jan. 1, 1941, received his discharge on July 14, 1946. His address is 826 So. Edison Avenue, Tampa. He held the rank of Colonel.

Dr. Harry Lee Allan, who entered military service on July 22, 1942, received his discharge on Feb. 28, 1946. His address is 432 Third Street, North, St. Petersburg. He held the rank of Lieut. Commander.

Dr. Harry R. Deane, who entered military service on Feb. 15, 1944, received his discharge on May 29, 1946. His address is 1046 Fifth Street North, St. Petersburg. He held the rank of Major.

Dr. William D. Futch, who entered military service on July 1, 1943, received his discharge on March 12, 1946. His address is 426—19th Avenue, N. E., St. Petersburg. He held the rank of Major.

Dr. Cyrus H. Stoner, who entered military service on Aug. 4, 1942, received his discharge on April 16, 1946. His address is 1029 Candler Building, Atlanta, Ga. He held the rank of Lieut. Colonel.

Dr. Alfred G. Levin, who entered military service on Aug. 13, 1942, received his discharge on June 29, 1946. His address is 522 duPont Bldg., Miami. He held the rank of Lieut. Colonel.

Dr. William H. Hoskins, who entered military service on Oct. 8, 1942, received his discharge on June 17, 1946. His address is Wallace, North Carolina. He held the rank of Lieut. Colonel.

Dr. Joseph J. Ruskin, who entered military service on Sept. 8, 1943, received his discharge on July 22, 1946. His address is 1901 Florida Avenue, Tampa. He held the rank of Major.



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JAMES N. BRAWNER, JR., M.D., Department for Women.

Dr. David B. Manley, who entered military service on Jan. 1, 1941, received his discharge on May 10, 1946. His address is 125 S. W. 30th Court, Miami. He held the rank of Major.

Dr. John L. Jennings, Jr., who entered military service on June 20, 1942, received his discharge on June 19, 1946. His address is Silver City, New Mexico. He held the rank of Major.

ADVERTISER'S NOTES

The new edition of Parergon is now in preparation. If you wish to have any of your art works* considered for inclusion in the forthcoming edition (over 750 pictures) please mail perfect glossy photo prints (8x10 preferred) immediately by airmail to Editor, Parergon, Mead Johnson & Company, Evansville 21, Indiana, U.S.A.—now!

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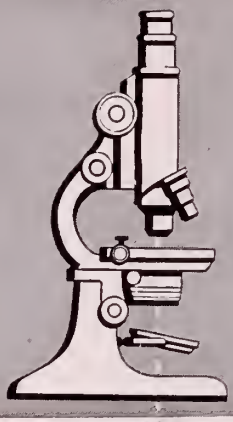
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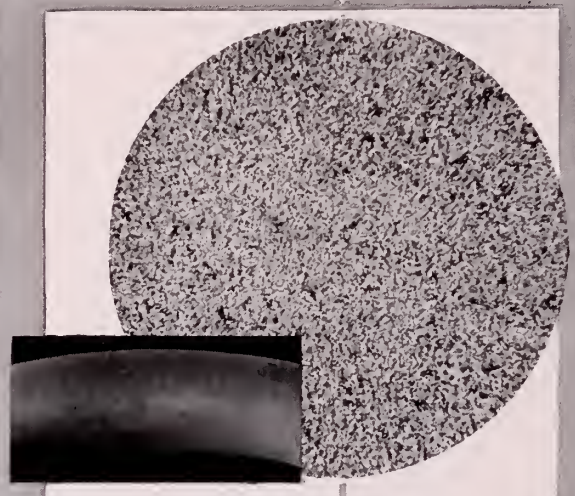
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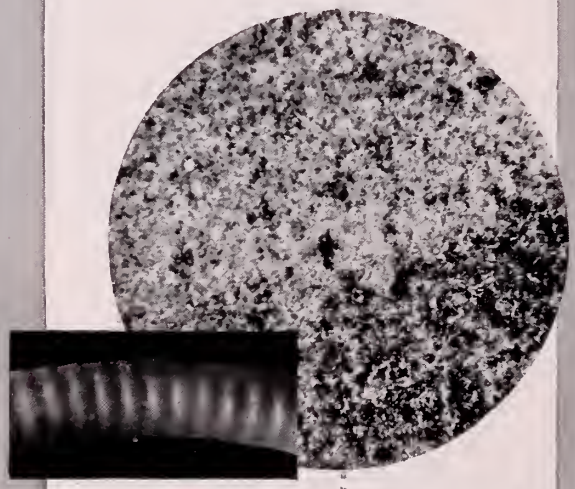
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No. 2 Unretouched photomicrograph of the dome (enlarged 10 diameters) and the rim (inset) of a conventional-type diaphragm.

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ALBERT CHARLES CARTER

Dr. Albert Charles Carter of Pensacola, a member of the Florida Medical Association died suddenly on Sunday noon, Sept. 1, 1946. He was 61 years of age.

A native of New Orleans, Dr. Carter was a graduate of Tulane University. He first practiced medicine in Milton, later in Miami and in recent years in Pensacola.

Dr. Carter was a member of the Knights of Columbus, the Escambia County Medical Society, the Florida Medical Association and the American Medical Association.

Survivors include his widow, Mrs. Stella Carter; one sister, Miss Mamie V. Carter of Shreveport, La.; one nephew, Bill Carter and one niece, Mrs. Phil Barnett, both of Shreveport.

SHELDON ALEXANDER MORRIS

Dr. Sheldon A. Morris of Jacksonville, a life member of the Florida Medical Association, died Thursday, Sept. 12, 1946, after a long illness. He was 82 years of age.

Dr. Morris was born in Sunflower County, Miss., the son of William Marshall and Helen Alexander Morris of Charlottesville, Va. He was graduated from college in Mississippi and received his medical degree from Tulane University in 1888. Later he did postgraduate work in New York and Vienna, Austria. After practicing medicine in Mississippi for nine years, he moved to Jacksonville in 1897, where he engaged in active practice until 1943.

He was one of the organizers of the old DeSoto Hospital, predecessor of St. Vincent's Hospital, and served as its president. Dr. Morris was prominently identified with civic and cultural activities in Jacksonville and was a member of the St. John's Episcopal Church, the Masonic bodies, the Duval County Medical Society, the Florida Medical Association and the American Medical Association.

Survivors include his widow, Mrs. Mary Youngs Morris; a son, Dr. Kenneth A. Morris of Jacksonville; a sister, Miss Evelyn V. Morris of Clearwater, and three grandchildren, Mildred Lockwood, Sheldon Alexander II and Kenneth Alexander Morris, Jr., all of Jacksonville.

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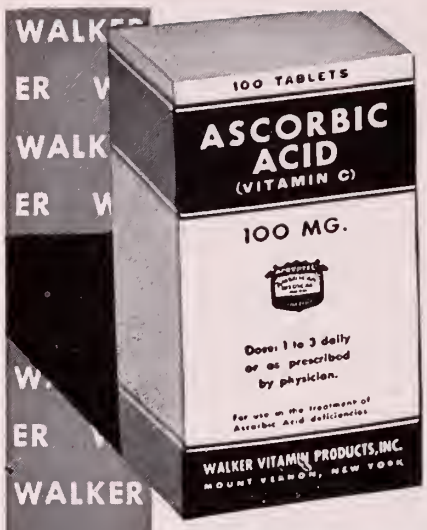
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COMPONENT COUNTY SOCIETIES

MARION

The regular monthly meeting was held at the Hotel Florida, Ocala, September 18. The scientific assembly took the form of a Round Table Discussion.

At the business session, Carroll T. Bowen, M. D., was accepted as a member of the Marion County Medical Society.

Dr. R C. Cumming, Colonel in the United States Army Medical Corps, was welcomed back to his practice in Ocala. Dr. Edwin C. Hanson of Belleview, an out of town member was present.

Dr. Bertrand F. Drake, secretary of the society, announced that the November meeting will be held at the Magnolia Lodge on Crystal River. The members of the Monroe Memorial Hospital Staff will receive a special invitation. As an added attraction an oyster supper will be served.

PASCO-HERNANDO-CITRUS

The regular meeting of this society was held Thursday evening, September 12, at the home of Dr. and Mrs. G. R. Creekmore. Preceding the scientific session, dinner was served.

Dr. Wardlaw Jones, Councilor for the Fifth District, gave a report on a meeting of the Council held in Jacksonville, June 20. One hundred per cent of the Councilors were present; there are 8 in all. Dates for the district medical meetings were set by the Council. It was voted to authorize Dr. T. Z. Cason, Chairman of the Association's Committee on Medical Postgraduate Course, to provide the speakers for the scientific assemblies at the district meetings. Dr. Jones made some interesting comments on the activities of the Medical Service Corporation, which is sponsored by the Florida Medical Association.

The County Health Officer, Dr. R. N. Nelson of Bushnell, was the guest speaker. Dr. Nelson discussed plans for the health program and urged the local doctors to cooperate. A general round table was held on "Treatment of Hookworm, Creeping Eruption and Ground Itch Ulcers."

Members present were Drs. J. T. Bradshaw, G. R. Creekmore, P. J. Hudson, S. C. Harvard, W. Wardlaw Jones, W. B. Moon, J. W. Kirkpatrick and W. H. Walters.

POLK

The Polk County Medical Society has paid 100 per cent of its State Association dues for 1946. Heading this society are Dr. Benjamin J. Bond, president, and Dr. Edgar Watson, secretary.

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Mrs. T. A. Snow, District "A".....*Gainesville*
Mrs. C. F. Henley District "B".....*Jacksonville*
Mrs. H. G. Palmer, District "C".....*St. Petersburg*
Mrs. Richard Mills, District "D".....*Ft. Lauderdale*

HYGEIA CAMPAIGN

Now is the time for county Hygeia chairmen to proceed with plans for the eleventh Hygeia subscription contest, which opened in September and closes Jan. 31, 1947. There are five months in which to build up an impressive total of subscription credits and to compete for the cash prizes. As state chairman, I urge each county chairman and county organization to make every effort without delay to help Florida rise to the top in this campaign.

As far back as 1920, physicians affiliated with the American Medical Association recognized the need of a health magazine for nonmedical readers, and three years later publication of Hygeia, The Health Magazine, was begun. It has grown steadily in popularity through the years and now has a circulation of 100,000. Hygeia proposes:

1. To supply its many subscribers in their wide fields of endeavor with reliable, informative material.

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4. To reduce mortality and morbidity to the lowest possible level.

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, April 21-23, 1947
Florida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
A-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	
B-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	
C-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	
D-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
Southern Medical Association	E. Vernon Mastin, St. Louis	Mr. C. P. Loranz, Birmingham	Miami, Nov. 4-7, 1946
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
Basic Science Exam. Board	M. W. Emmel, D.V.M., Gainesville	J. F. Conn, Ph.D., DeLand	
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	Palm Bch., Nov. 11-13, 1946
Derm. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
East Coast Medical Association	T. C. Kenaston, Cocoa	I. M. Hay, Melbourne	Postponed
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt,Miami	J. H. Mitchell, Jacksonville	Miami, 1947
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, Nov. 26, 27, 1946
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Mr. H. A. Cross, Jacksonville	
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
Pediatric Society	Councill C. Rudolph, St. Petersburg	James R. Boulware, Lakeland	Miami, 1947
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, 1947
Public Health Association	George A. Dame, Jacksonville	Miss Elsie Hyatt, Jacksonville	
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
Chattahoochee Valley Med. Assn.	Herbert E. White, St. Augustine	Robert B. McIver, Jacksonville	Postponed
Gulf Coast Clinical Society	G. G. Oswalt, Mobile, Ala.	C. L. Rutherford,Mobile, Ala.	Postponed
S. E. Sec. Am. Cong. Phys. Ther.	John J. McQuire, Pensacola	Kenneth Phillips, Miami	
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Gulfport, Miss., 1947
Southeastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12	10	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Escambia *Santa Rosa*	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	54	53	
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
A	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
A	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5	100%	
B	Columbia *Baker, Hamilton*	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	15	100%	A-2-47 G. Wilmot Brown, M.D. Tallahassee
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	John L. Williams, M.D. Tallahassee	G. H. Garmany, M.D. 1232 N. Monroe St. Tallahassee	Quarterly 8:00 P.M.	39	36	
B	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
B	Taylor *Dixie, Lafayette*	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist, Union*	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	28	26	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
B	Duval *Clay*	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D. 352 St. James Bldg. Jacksonville 2	1st Tuesday 8:15 P.M.	209	203	
B	Marion *Levy*	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	28	100%	
B	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	6	100%	
B	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	10	100%	
B	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	13	100%	
B	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	13	12	B-4-47 C. McK. Tyre, M.D. Eustis
B	Lake *Sumter*	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	16	100%	
B	Orange *Osceola*	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	114	113	
B	Seminole	Orville L. Barks, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	13	100%	
B	Volusia *Flagler*	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	46	45	
C	Hillsborough	C. W. Bartlett, M.D. 310 1st Natl. Bk. Bldg. Tampa 2	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	128	100%	C-5-47 W. Wardlaw Jones, M.D. Dade City
C	Manatee	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.	14	100%	
C	Pasco-Hernando-Citrus	W. H. Walters, M.D. Lacoochee	G. R. Creekmore, M.D. Brooksville	2nd Thursday 7:00 P.M.	12	100%	
C	Pinellas	A. M. Feaster, M.D. 166 4th Ave., N.E. St. Petersburg 4	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	131	100%	
C	Sarasota	Stanley T. Martin, M.D. Box 551 Sarasota	J. M. Butcher, M.D. 209 Commercial Court Sarasota	2nd Tuesday 8:30 P.M.	23	100%	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		21	100%	C-6-48 James R. Boulware, M.D. Lakeland
C	Lee *Collier, Hendry*	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	20	18	
C	Polk	Benjamin J. Bond, M.D. Coker Building Winter Haven	Edgar Watson, M.D. Box 1021 Lakeland	2nd Wednesday 1:00 P.M.	71	100%	
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D. 410 Citizens Bldg. W. Palm Beach	3rd Monday 8:00 P.M.	81	100%	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	100%	
D	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 314 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	57	56	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	375	362	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	9	

*Supervise and aid until organized separately.

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*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

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Vol. XXXIII DECEMBER, 1946 No. 6

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An Editorial

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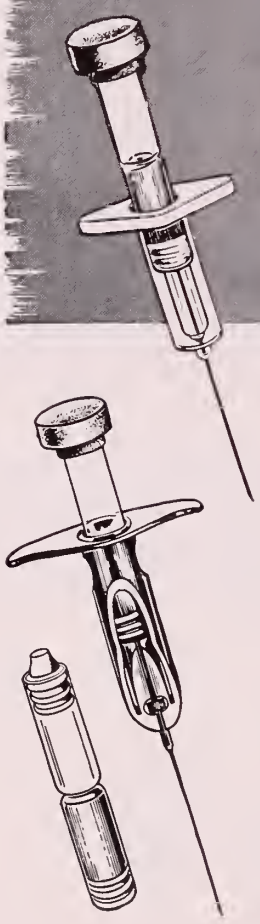
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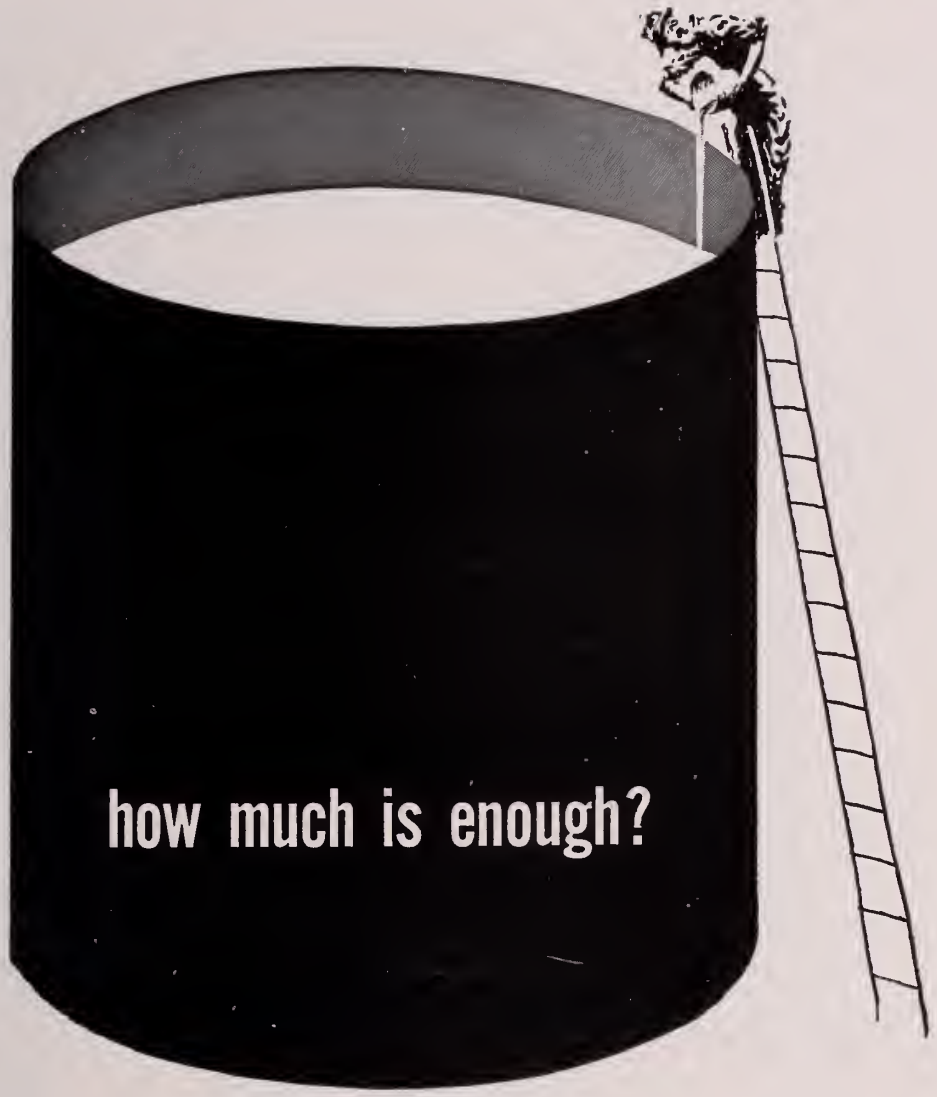
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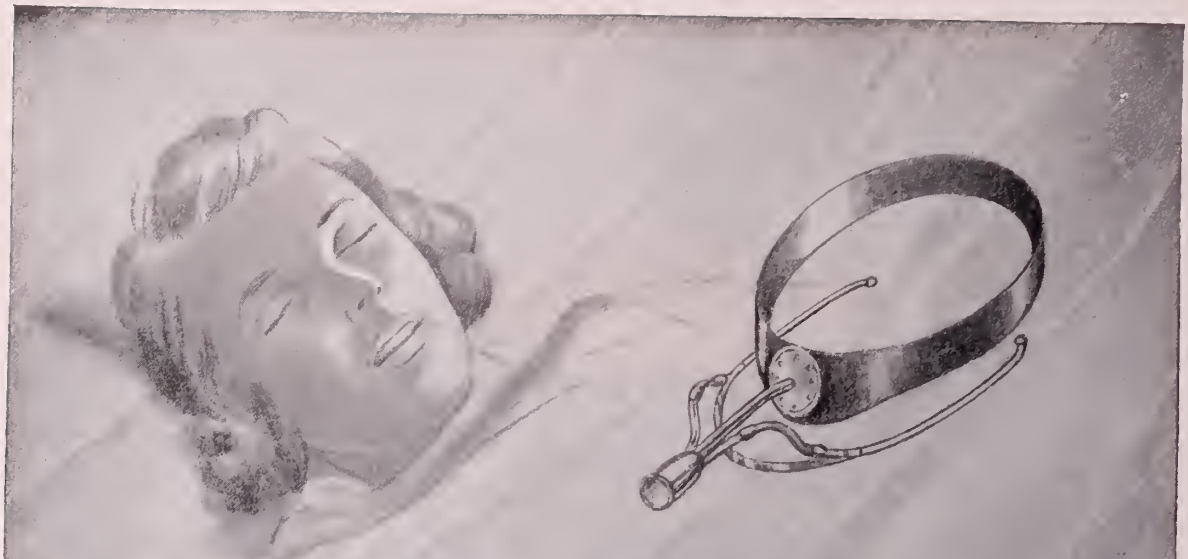


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* Brereton, T.C.: Canad. M.A.J. 54:358 (April) 1946.



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Richards, R. K., and Perlstein, M. A. (1945), *Tridione, a New Experimental Drug for the Treatment of Convulsive and Related Disorders, Proc. Chicago Neurological Soc., Jan. 9; and* (1946), *Arch. Neurol. and Psychiatry, 55:164, February.*

Lennox, W. G. (1945), *Petit Mal Epilepsies: Their Treatment with Tridione, J. Amer. Med. Assn., 129:1069, December 15.*

DeJong, R. N. (1946), *Effect of Tridione in the Control of Psychomotor Attacks, J. Amer. Med. Assn., 130:565, March 2.*

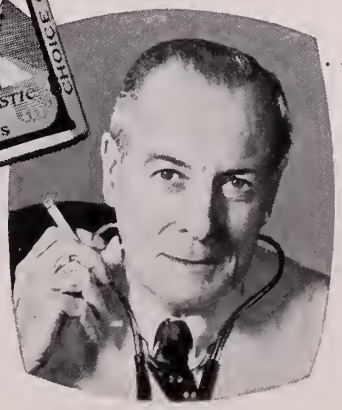
Thorne, Frederick C. (1945), *The Anticonvulsant Action of Tridione, Psychiatric Quarterly, October.*

Erickson, T. C., Masten, M. G., and Gilson, W. E. (1946), *Observations on the Use of Tridione in the Treatment of Epilepsy, Presented before Amer. Neurological Soc., San Francisco, June.*



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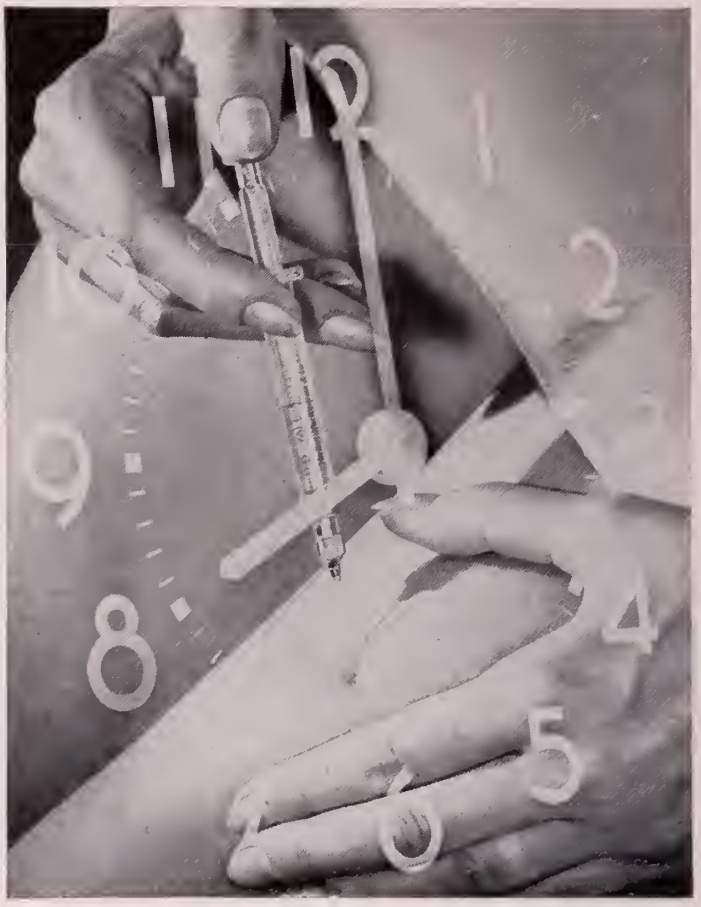
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

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ABDOMINAL INCISIONS AND SUTURE MATERIALS

VERNON A. LOCKWOOD, M. D.
ST. AUGUSTINE

Many contributors to medical literature, particularly during the last decade, have emphasized the value of transverse incisions and sutures of alloy steel wire in abdominal surgery. It has been proved to my satisfaction that this combination results in the strongest wounds and allows the patient to become ambulatory at an early date. Certainly the excellent results that are being obtained in a number of the leading clinics should encourage the widespread use of these methods.

While most of the articles dealing with transverse incisions have extoled the virtues of one particular incision, it seems to me that vertical, oblique and transverse incisions are all useful and that surgeons might advantageously adapt the type of incision to the anatomic build of the patient and to the pathologic conditions anticipated at operation. With this adaptation in mind, I will discuss my experience with various types of incisions, their advantages and disadvantages, and give my reasons for the selection of particular incisions to meet individual requirements.

Vertical abdominal incisions can be classified as nonanatomic, while oblique and transverse incisions can be termed anatomic in that the supporting tissues are divided in the line of their fibers. In all one tries to achieve (1) adequate exposure; (2) strength of closure, with decreased incidence of incisional hernia and disruption of the wound; (3) comfort during convalescence; (4) early ambulation and recovery; (5) ease of fashioning and closure, (6) a smaller area where crippling adhesions to the small bowel may form, and (7) a good cosmetic result. In general, vertical incisions are somewhat easier to fashion and close, and may furnish better exposure; the oblique and transverse incisions provide greater strength, more comfort during convalescence, earlier ambulation and a better cosmetic result.

A transverse incision, in line of skin cleavage, may advantageously be combined with an oblique incision through the underlying fascial and muscular structures, in order to enhance the cosmetic result. The skin and subcutaneous fascia are so readily mobilized that a shorter incision can be made through the skin than through the supporting layers. In fashioning the McBurney incision, or the incision for inguinal hernia, it is just as easy to make the incision of the skin in a transverse direction. Operations for umbilical hernia should be performed through a transverse incision, and it is usually possible to save the umbilicus.

Gurd[1] recently emphasized the anatomic basis for transverse incisions. He pointed out that the fibers of the rectus sheaths run transversely and that these structures are functionally a part of the oblique muscles, constituting their aponeurosis and fusing in the midline. The rectus muscles, acting as stays, run vertically from the pubis to the costal borders and are attached to the rectus sheath at several points. If the rectus muscle is divided transversely, it does not retract provided the anterior and posterior walls of the sheath are united carefully, and the patient is allowed to convalesce in a semireclining position; therefore, the muscle itself does not need to be sutured.

When incisions are made in the direction of the muscular and fascial fibers, coughing and vomiting approximate the edges of the wound; such strain, however, tends to pull these edges apart if these fibers are incised crosswise. Therein lies the merit of the anatomic and the weakness of the vertical incision. For this reason the anatomic wound is stronger, earlier recovery occurs, and earlier ambulation is allowed. The patient can breath deeply and cough with less discomfort, insuring better aeration of the lungs and fewer pulmonary complications. Earlier ambulation permitted by anatomic wounds also lessens the incidence of thrombophlebitis. Singleton's review[1] of 9,000 consecutive abdominal operations showed that disruption of the wound occurred thirty times and that incisional hernia was two and one-half times more frequent when nonanatomic and anatomic incisions were contrasted.

Gurd[1] places his upper abdominal transverse incision about 1 inch above the level of the umbilicus and below the costal cartilages, so that it can be extended from the tip of one twelfth rib to the other if necessary to obtain adequate ex-

Read before the Florida Medical Association, Seventy-Second Annual Meeting, Jacksonville, April 22-24, 1946.

posure. Often sufficient room is secured from the division of the oblique muscles and the rectus sheath on one side, the rectus muscle being retracted inwards; but more space can be obtained by dividing one of the recti, together with the opposite sheath, and by retracting the other muscle outwards. Exceptionally both recti are divided, and the incision is extended into the opposite oblique muscles. In the midabdomen, the oblique muscle fibers run in a direction transverse enough so that they are easily separated; the nerves also run transversely and are not subject to injury. I have found this incision to be suitable for operations upon the colon, from its beginning to its descending portion.

Operations upon the gallbladder and bile ducts can be performed more easily through a shorter oblique incision. This incision is made below the right costal border and is preferred for the heavily built person with a wide subcostal arch. For the thin person, with a narrow subcostal arch, better access to this region can be obtained by a vertical incision carried through the right rectus sheath, the muscle being retracted outwards. The thin patient is usually well muscled, and disruption of the wound or incisional hernia is not so apt to develop. While most of my surgery of the biliary tract has been performed on obese patients through an oblique incision, the operations on the stomach have usually been done upon thin persons for whom the vertical incision is better adapted. In making a subcostal oblique incision, the right rectus sheath and muscle are divided obliquely, and the oblique muscles are separated in the line of their fibers in so far as possible. Care is taken to protect the intercostal nerves, which lie between the internal oblique and the transversalis muscles and supply the rectus muscle. The incision is made far enough from the costal border that sutures will not impinge upon the periosteum of the ribs and cause a painful wound.

The McBurney incision is well devised anatomically and for several reasons is better than the various types of vertical right rectus incisions for appendectomy. A short McBurney incision, located near the base of the appendix, affords as good exposure as a much longer right rectus incision, requires less muscular relaxation, lessens the danger of contamination of the general peritoneal cavity, necessitates less handling of the small bowel and is better placed for drainage. There is less chance for crippling adhesions to develop between the small bowel and the wound, and less danger of injury to the nerve supply of the rectus muscles. Earlier ambulation and recovery occur, and the patient may often be allowed out of bed on the first postoperative day. The danger of incisional hernia is remote, even when drainage is used. A transverse incision of the skin, made in line of skin cleavage, affords a better cosmetic result.

The McBurney incision should be placed according to the physical findings: over the maximum point of tenderness, often higher in the heavily built patient and lower in the thin, visceroptotic patient. Many surgeons hesitate to use this incision in women, fearing that it will not afford access to a coincident pelvic condition. When pelvic disease is suspected, the incision is placed below McBurney's point and is extended, if necessary, across the right rectus sheath, this muscle being retracted inwards. Additional room can be obtained, if needed, by carrying the incision across the abdomen in the manner described.

Gurd[1] uses a transverse incision for appendectomy, splitting the rectus sheath and oblique muscles, and retracting the rectus muscle inwards. This incision placed above the umbilicus provides sufficient exposure for exploration of the gallbladder and can be extended sufficiently for any operative procedure in the middle and upper portions of the abdomen. It might be used for operations upon the appendix in patients past 40 years of age when disease of the gallbladder is also suspected. A vertical incision should also be considered in a case of this type, particularly if exploration of the pelvic organs as well as the gallbladder and stomach is desired. Unless the gallbladder needs to be explored, McBurney's incision for appendectomy is preferred to that of Gurd, which he ordinarily places below the level of the umbilicus.

In recent years, I have been asked occasionally to perform sterilization operations upon multiparous women, four or five days after delivery. At this time, the involuting uterus extends above the brim of the pelvis, and the fallopian tubes are easily reached through a short abdominal incision. Without discussing the ethics, advisability, or indications for the operation, I can say that the procedure is easily carried out through a short transverse incision made at the level of the

fundus of the uterus. The right rectus sheath is divided transversely, and the muscle fibers are retracted outwards. Both fallopian tubes are accessible, and the overstretched abdominal wall can be retracted sufficiently to allow removal of the appendix, if desired.

Gurd's lower abdominal transverse incision is placed about 1 inch below the level of the umbilicus. This incision must extend well across the abdomen, and considerable retraction is required to provide access to the pelvic organs. While this extensive incision permits the removal of large tumors, a transverse incision made a little above the pubis, as described later, affords a better approach for most pelvic surgery and allows the rectus muscles to be divided through a less vascular part.

A lower abdominal oblique incision affords access to the midabdomen and to the pelvis, and is well devised for operations upon the sigmoid colon. The incision of the skin begins near the anterior superior spine of the ileum and extends downwards and inwards along a flexion crease. The aponeurosis and fibers of the oblique muscles are divided and separated, and the relatively avascular semilunar line is followed downwards, the deep epigastric vessels being divided and ligated. The rectus muscle is retracted inwards. This incision is well placed for colostomy and affords an approach to the lower part of the abdomen and to the pelvis through an area free from adhesions in a patient previously operated upon through a midline incision.

It is my impression that the lower abdominal transverse incision, with low division of the rectus muscles, is a most useful approach for pelvic operations. This incision follows a flexion crease about 2 inches above the pubis. The anterior wall of the rectus sheath is divided transversely, and the rectus muscles are severed through their avascular tendinous insertions, leaving stumps only long enough for suturing. The severed muscles are retracted upwards, while the posterior wall of the rectus sheath and the peritoneum are divided transversely at a higher level, care being taken to avoid the bladder. Additional room can be obtained by extending the incision into the oblique muscles on either side. This incision almost holds itself open because of the pull of the severed rectus muscles upwards. Good muscular relaxation is required for the suture of the rectus muscles to their tendons, and this procedure is facilitated by jackknifing the table, or by raising the shoulders and flexing the knees. The patient should convalesce in a semireclining position with the knees flexed.

The Pfannenstiel incision is well conceived anatomically, allows very early ambulation, but affords a limited exposure for pelvic work. The incision is made along a flexion crease and within the pubic hair, to hide the scar. The anterior wall of the rectus sheath is divided transversely, the muscles are retracted laterally, and the peritoneum is incised vertically. Recently I have divided the peritoneum transversely, so that this incision can be converted into the one described in the foregoing paragraph, if more space is needed. This procedure is done by cutting the tendinous insertions of the rectus muscles and extending the incision into the oblique muscles. Sufficient space can, however, usually be obtained by dividing only the inner halves of these tendinous insertions. This incision had been reserved for the thin young woman requiring pelvic surgery that was not extensive and desiring no visible scar, but increasing experience has shown that it affords a suitable approach for the removal of fairly large tumors. My confidence in the Pfannenstiel incision has increased with the knowledge that it can be extended at will.

Large abdominal tumors and cysts can be removed more easily through a vertical incision. A lower abdominal midline incision is made and is carried through the rectus sheath after the subcutaneous tissue has been dissected off, so that no adipose tissue will be interposed when this structure is sutured. The incision is carried through the rectus sheath, and the inner border of the muscle is retracted. When sutured, the fascial layers are backed by muscle, so that the possibility of disruption of the wound and hernia is remote.

In stout persons, a deep flexion crease exists between the mons veneris and the obese abdominal wall above. A tender, contracted scar often results when a vertical incision is carried across this flexion crease. I have avoided this complication by stopping the vertical incision at this crease, along which a shorter transverse incision is made, in the form of an inverted T. The subcutaneous tissue is dissected off the lower part of the anterior wall of the rectus sheath by undercutting, and this structure is incised vertically from

the pubis to a point below the level of the umbilicus.

Good muscular relaxation is necessary if short anatomic incisions are to be used. Spinal anesthesia best fulfils this requirement and may be administered by the single dose method; or it may be given by the fractional method for long operations or for the patient who is a poor risk. Intercostal block with novocain, supplemented with pentothal administered intravenously, has afforded good relaxation for surgery of the upper part of the abdominal tract. Curare induces excellent relaxation and is a safe agent when used in conjunction with a light plane of sodium pentothal anesthesia.

For the closure of abdominal wounds, the alloy steel wire suture introduced by Babcock[2] in 1932 is superior to all other materials. It has been shown, both by clinical trial and animal experimentation, that alloy wire does not stimulate tissue reaction, a condition noted in some degree with silk or cotton and in great degree with catgut. For this reason, wounds heal more rapidly when sutured with wire and slower when sutured with catgut. During the healing process, the wire-sutured wound is stronger at any stage of repair, thereby making earlier recovery and ambulation possible.

Infections are less apt to occur in wounds sutured with wire. Jones, Newell and Brubaker[3] of the Cleveland Clinic reported a reduction of infection in wounds potentially contaminated by resection of the colon from 27 per cent to 1 per cent when they changed from catgut to wire sutures. Buried sutures of wire will not cause a draining sinus as will silk and cotton, and infected wounds will heal more kindly with this material than with any other. The incidence of disruption of the wound and incisional hernia is greater with catgut, which may absorb before the process of repair has progressed enough to insure firm union of the tissues.

I have used the Babcock wire in about 2,000 cases during the last ten years and have found that it rarely causes residual discomfort in the wound and then only when the patient is thin and of neurotic temperament. In such patients one may use silk, cotton, or catgut for the superficial fascial sutures, resorting to the finer sizes of alloy wire when it is especially indicated, as in repair of hernia and in contaminated wounds. It should be pointed out that patients sometimes complain for months of residual pain in the wound, even when catgut is used.

Only with considerable practice will the surgeon be able to use wire with the same facility as catgut. Wire must never be inserted as a continuous buried suture, but as interrupted stitches with a small bite, a square knot being tied and the ends being cut flush with special scissors. The first knot is applied loosely to avoid strangulation of the tissues, while the second knot is tied tightly to avoid slipping. All knots are tied with a hemostat, which protects the surgeon from the end of the wire and assures a firm grasp for the fixation of the second knot. Alloy wire knots are less apt to untie than those made with silk or catgut. The surgeon should master the technic of inserting wire sutures in clean wounds before he uses this material in infected ones on account of the danger to himself.

Alloy steel wire is inexpensive and may be purchased on the spool for use in abdominal wounds. The more expensive tubes of alloy steel wire with swaged atraumatic needles may be reserved for use as intestinal, nerve and tendon sutures. Various sizes are used, ordinarily No. 28 for stay sutures, No. 32 for buried fascial sutures, and Nos. 35 and 38 for skin sutures. This finer wire can be used to approximate the edges of the skin, either with simple interrupted, vertical mattress, or a continuous suture. A removable subcuticular suture of No. 32 wire leaves an almost invisible scar, when the incision is made in line of skin cleavage. Alloy wire causes less tissue reaction in the skin than other materials and affords an excellent cosmetic result.

CONCLUSION

In conclusion, I would advocate more extensive use of anatomic incisions, accurately placed according to the diagnosis and the anatomic build of the patient. I would stress the use of the transverse and oblique incisions for surgery of the upper part of the abdomen in obese and heavily built persons. The McBurney incision is preferred for appendectomy and may be extended for pelvic surgery. The sigmoid colon is best approached through the lower abdominal oblique incision, while the Pfannenstiel incision is suitable for most pelvic surgery and can be extended by dividing the insertions of the rectus muscles. All of these anatomic incisions allow early ambulation and recovery, with decreased incidence of disruption of the wound and incisional hernia. These in-

cisions also afford the best cosmetic result, a factor that Florida surgeons should consider in children and young women, many of whom wear midriff beach attire throughout the entire year.

Alloy steel wire is advocated for routine closure of abdominal wounds, except in thin patients. It is particularly useful in obese persons, in contaminated wounds and for the repair of hernia.

References

1. Gurd, F. B.: Anatomical Principles Involved in Abdominal Incision, S. Clin. North America 25:271-284 (April) 1945.

2. Babcock, W. W.: Ligatures and Sutures of Alloy Steel Wire, J. A. M. A. 102:1756 (May 26) 1934.

3. Jones, T. E.; Newell, E. T. Jr., and Brubaker, R. E.: The Use of Alloy Steel Wire in the Closure of Abdominal Wounds, Surg., Gynec. & Obst. 72:1056-1059 (June) 1941.

145 King Street.

DISCUSSION

Dr. Edward Jelks, Jacksonville: The subject which Dr. Lockwood has so thoroughly and convincingly presented might be one to stimulate argumentative discussion had he not plainly stated that he did not advocate any special method for universal use in the planning of an incision.

Of course the three objectives a surgeon tries to obtain in making an incision are first, adequate exposure; second, firm, proper closure; third, cosmetic result. I think Dr. Lockwood has well proved that the kinds of incisions he designates for the various operative needs bring about these desired results.

Selection of suture material the surgeon uses is based somewhat on the type of incision to be made and also on the two ends essential to good healing of the wound, namely, closure without tension and without constriction of tissue.

Dr. Lockwood definitely stated in the last part of his paper that alloy wire should be used only for interrupted sutures. He did not stress tension or constriction, but if a surgeon has these two ends in view in suturing tissue and if he is using fine material such as alloy wire or fine silk or cotton, he has a subconscious stimulus not to take too big a bite of tissue with such delicate material. My experience is that the way a suture is used is a good deal more important than what it is made of provided it has enough tensile strength to hold the tissue together through the time of healing. I personally, have used alloy wire infrequently.

I think one of the most important features the essayist demonstrated in his illustrations is something that all surgeons see at operation, the advantages of the McBurney incision. It can be an ideal incision embodying all of the principles mentioned. It can be closed without tension and even without sutures. I am sure that all present have had the experience in recent years of operating through a McBurney incision for a ruptured appendix or an appendix with infection and have done no more than close the peritoneum and then simply let the tissues of the abdominal wall fall together without using any sutures at all, thus completely avoiding tension and constriction. If there are those who have not done so, I think they would be greatly pleased with this procedure, both as to the firmness of healing and the cosmetic result.

I thank Dr. Lockwood for presenting in such a vivid way some of the thoughts that come to a surgeon's mind when he plans the making of an abdominal incision.

Dr. Lloyd J. Netto, West Palm Beach: Since the beginning of time there have been trends in surgery, such that one procedure or material may gain widespread popularity for a time only to be discarded in favor of some other and then bob up again to pass through another cycle. This change is certainly true of the subject at hand, namely, incisions and suture materials. Likewise, the popularity of these technical aspects is influenced by the thinking of groups of surgeons in a particular section of the country and by the experiences of the individual operator.

Regarding incisions, the main concern is to secure an adequate exposure of the diseased portion of the abdomen without undue trauma so that the surgeon can proceed with the operation unhampered by "cramped quarters," which limitation in itself leads to clumsiness and delay in time consumed. It has often been said that a large incision heals as well as a small one. This maxim still holds good when such is necessary to facilitate the procedure, provided it is not carried to the extreme. All incisions should be as nearly anatomic as possible, and the transverse or oblique incisions more nearly fill the bill in this regard than do the vertical, because they do not cut across fibers nor destroy the segmented nerves of the abdominal wall. In my opinion the transverse incision has distinct advantage in the upper part of the abdomen and has gained in favor since surgeons have ceased to fear cutting across the rectus muscles, provided the sheaths are properly approximated in closing. My personal preference for a long time in cases of appendicitis has been the McBurney type of muscle-splitting incision. It closes well and heals rapidly, and it does not lead to subsequent intestinal obstruction as often as do the midline or right rectus incisions. The latter demand much more retraction of the abdominal wall and handling of the intestines. I continue to use a vertical incision for pelvic work, but employ a pararectus type, retracting the muscle outward, instead of a midline incision. Where the rectus muscle has thus been displaced, the closure can be strengthened by tacking it back to the mesial fascia with a few interrupted sutures of fine material rather than by depending entirely on the pull of the anterior wall of the fascial sheath.

Regarding sutures, in preparing this discussion I wrote several outstanding and nationally known surgeons in various parts of the country asking each his opinion, and no two were exactly alike. They were roughly as follows:

1. "All incisions are closed by interrupted sutures of cotton." (Burch)
2. "Unquestionalby cotton in all cases including grossly contaminated wounds." (Oschner)
3. "Catgut in most of the work with emphasis on small sizes; cotton and silk for hernias and colon cases." (Sanders)
4. "A choice between fine chromic catgut and tantalum wire." (Jackson)
5. "Catgut exclusively." (Dixon)
6. "With a carefully closed incision the suture material is of minor importance." (Cave)
7. "Black cotton." (Reinhoff)

My experience with wire has been limited. Unless one has persevered to develop an ease of handling wire such as Dr. Lockwood has done, it is considerably more time-consuming to use than the other sutures commonly employed. I have had the experience of breaking fine tantalum wire in the process of securing it, and there is some danger of breakage postoperatively if much distention occurs.

I have been impressed with cotton and use it in all hernias. In the obese patient with a thick layer of subcutaneous fat I believe the danger of irritation and extrusion of cotton sutures through draining sinuses is increased. I have had this experience in 3 cases. The same probably holds for silk.

By and large, early postoperative ambulation promotes rapid healing of the wound and enhances the value of any suture material. Sutures need only hold until healing takes place.

Emphasis should also be placed on small sizes of suture material closely spaced and on small bites of tissue for best results regardless of the material used. "The finer the suture, the stronger the suture line."

Dr. Lockwood, concluding: I want to thank Dr. Jelks and Dr. Netto for their interesting and able discussions.

Perhaps I did not emphasize the tying of knots sufficiently. Alloy steel wire is elastic and has considerable stretch. The nurse should not stretch the wire when preparing this suture material, as it is desirable to retain this elasticity for the fastening of the knot. The first knot should be tied loosely to avoid strangulation of the tissue, while the second knot should be tied firmly to afford good fixation. This makes a firm knot that will not untie. It is not necessary, as some of the suture manufacturers state in their literature, to cut the ends long enough to turn down because a larger knot is more apt to give trouble, particularly in thin persons. In fact, when I want to use wire in thin patients, I so place the suture that the knot, when tied, is on the inside of the fascia.

Dr. Netto brought out the fact that the transverse and oblique incisions are preferred in the upper part of the abdomen, where disruption of the wound and incisional hernia are more apt to occur. These complications are less apt to occur in the lower portion of the abdomen, where a well made paramedian incision can also be used with confidence.

MALARIA

DIAGNOSIS, SUPPRESSIVE MEASURES AND TREATMENT

CLYDE O. ANDERSON, M.D.
ST. PETERSBURG

Malaria was undoubtedly the number one scourge of World War II especially in the Pacific area. This infection not only hampered American forces but was an even greater nuisance to our enemies, who were less able to cope with it either because of inadequate ability to do so or insufficient means or medication to combat it properly. In future years it will be realized more and more that a tremendous task confronted our forces in overcoming this great obstacle and that when it was finally partially accomplished, the way to final victory became much shorter and easier. To each and every person having a hand in accomplishing this feat the country owes a profound debt of gratitude.

In the early stages of the Pacific war it was nothing unusual for as many as two thirds of an armed unit, such as a division, to be laid up with malaria at one time. Of course the Battle on Bataan and Corregidor was settled in favor of the Japanese as much by this pestilence as it was by the lack of munitions and manpower. Was not malaria the main reason for the fall of Rome by keeping down human reproduction?

Recently I obtained from the State Board of Health some amazing statistics. It claimed that the incidence of malaria is now lower than has ever been recorded in this state. Through Dec. 22, 1945, only 25 cases had been reported to the Health Department for the past year. Twenty deaths from malaria were reported through October, which is 11 less than were reported in 1944. It would appear that very few cases have been reported to the health authorities, and according to the figures given, if accurate, the mortality rate is certainly exceedingly high.

It is stated that a positive blood smear is rarely seen in an indigenous population. In 1942, 11,656 blood smears from school children in twenty-three Florida counties were examined, and only 12 positive smears were observed. These positive smears were recorded in Clay, Dixie, Escambia, Jackson, Marion and Volusia counties.

In 1943, a total of 10,021 blood smears from school children in approximately thirty counties were examined. Two positive smears were recorded, one from Escambia and the other from Alachua County.

Statistics from the United States Public Health authorities indicate that malaria in this country is a disease of apparently decreasing importance. There was a decrease in the country-wide morbidity rate from 336.5 per 100,000 population in 1940 to 40.7 per 100,000 population in 1943, also, there was a decrease in the country-wide mortality rate from 5.8 per 100,000 population in 1920 to 0.5 per 100,000 population in 1943.

The most important malaria areas are in the southeastern part of the United States and consist of the following thirteen states; Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee and Texas. It is also stated that the morbidity rate in these states dropped from 982.7 per 100,000 population in 1920 to 128.8 per 100,000 population in 1943; and the mortality rate decreased from 13.6 per 100,000 population in 1920 to 1.4 per 100,000 population in 1943.

In Florida from 1938 to 1942, 504 deaths were reported as due to malaria. In the same period the highest number of deaths were reported in Arkansas with 1088, closely followed by Mississippi with 911.

The greatest hazard that faces the state at this time from the viewpoint of malaria is the returning veterans. In 1945 there were 1,210 cases of malaria in the camps of Florida contracted outside the United States and 9 cases in the same camps which were reported to have been contracted in the United States but not necessarily in Florida.

Read before the Pinellas County Medical Society, April 5, 1946.

KINDS AND TYPES

There are four species of malaria, but as one form (Plasmodium ovale) occurs most of the time only in England, the three forms transmitted by the mosquito of the genus Anopheles will be discussed here. The female of the species carries the malarial parasites in all cases, and the male is not the offender.

First, there is tertian malaria caused by the P. vivax in which symptoms recur every forty-eight hours or third day. This infection develops in man in from seven to fourteen days after he is bitten by the mosquito. If it is untreated, it will recur at various intervals for from five to ten years.

Secondly, there is quartan malaria, caused by the P. malariae, with a recurrence of symptoms every seventy-two hours or fourth day. This infection commences from eighteen to twenty-one days after the bite of the mosquito and, if untreated, it will recur at various intervals from three to five years.

In the third place, there is estivo-autumnal malaria, caused by P. falciparum, the symptoms of which recur every forty-eight hours or may be irregular; it frequntly develops into a double cycle or several infections. This infection commences from ten to twelve days after the preliminary mosquito bite, and, if untreated and the patient survives, it will recur at intervals for one or two years.

The fourth form mentioned is caused by the P. ovale. The symptoms recur every forty-eight hours, and if the infection is untreated they may recur at various intervals for from three to five years.

There are two types of malaria, endemic and epidemic. The endemic type is fairly well tolerated by a particular group usually in a subtropical or tropical area. The epidemic type occurs among the population when large groups, such as troops, move into a heavily infested area.

After the infectious bite of Madam Anopheles, it takes a number of days for the parasites to appear in the peripheral circulation, for P. vivax ten days, P. malariae from nine to twelve days, P. ovale from nine to twelve days and P. falciparum from seven to fourteen days. The P. falciparum is found with difficulty in the peripheral blood stream and may be found only in the visceral circulation.

SYMPTOMS

The prodromal symptoms of malaria are lassitude, weakness, yawning, bone aches, headaches, back aches, loss of appetite and vomiting. The so-called paroxysm begins with a cold stage or actual chill. Vomiting may be very distressing. The face is pinched, and there is goose flesh all over the body, which may even become blue or cyanotic. The temperature is several degrees over normal. Convulsions occur in children as a rule. This first stage actually lasts about an hour.

The second or so-called hot stage follows. There is a wave of warmth, the patients complaining of intense heat. The face is flushed, the pulse rapid and full, the headache intense and the vomiting distressing. The skin has a burning feeling, and the temperature is 104 to 106 F. The duration of this stage is from three to four hours.

The third and last stage is the sweating stage. The patient perspires freely and is absolutely wet. As the headaches and vomiting subside, he feels relieved, gets up from the bed and walks. The temperature is now subnormal, and herpes appears around the lips.

All these stages last a total of from six to ten hours. The spleen is enlarged during the paroxysm, but may not be enlarged in acute malaria. It is usually enlarged after several paroxysms and may be detected by percussion. It must be two and a half times larger than normal to be detectable. This organ must be carefully protected from trauma during this period because of the possibility of rupture necessitating immediate splenectomy.

The fever has a tendency to reach its peak before noon and usually in the early morning hours. When the causative agent is P. ovale, the peak may, however, occur in the early afternoon or evening.

Of course double or triple infections may produce all kinds of bizarre symptoms. An interesting feature is the fact that when two peaks of temperature occur in twenty-four hours, this phenomenon can only be due to the following: (1) visceral leishmaniasis or kala-azar, (2) P. falciparum or (3) gonorrheal subacute endocarditis.

Symptoms of pernicious malaria, usually caused by P. falciparum, can be classified as cerebral and algid, depending on the capillaries involved. The patient with cerebral symptoms is comatose and may have partial paralysis (apoplectic form) or epileptic convulsions.

In the algid classification the gastrointestinal symptoms predominate. The patient with these symptoms collapses. The rectal temperature is above normal, and that of the skin is subnormal. This group of symptoms may be divided into (1) the gastric type with vomiting, (2) the dysenteric type with the lower part of the intestines involved and (3) the cholera type, which is self explanatory and effusive. In all these types there may be hemorrhages from any organ or hemorrhages of the skin.

DIAGNOSIS

The diagnosis should be based on the following factors:

(1) The presence of parasites in the blood stream as detected on slides with a thin blood film stained by either Wright's or Giemsa's stain or a thick blood film (preferable) with which a Giemsa stain is used. In cases in which the parasite is elusive, a blood film may be taken from twenty to sixty minutes following the subcutaneous injection of 10 minims of adrenalin 1:1000, or the blood may be secured by sternal or splenic puncture. The adrenalin should never be used in cases of hypertension.

(2) The paroxysm characterized by chill, fever and sweating as mentioned previously, and apparent exposure to the infection in an infested territory.

(3) The presence of a splenic tumor.

(4) Hematozoic pigment within the leukocytes.

(5) Leukocytosis with monocytosis.

(6) Therapeutic tests with various medications such as atabrine and quinine.

SUPPRESSIVE MEASURES

Prophylactic measures against malaria are a misnomer. There is no drug known as yet that will destroy the sporozoites (the infective state of the plasmodium as it is transferred to the human victim by the mosquito); so the term suppressive should be used instead. Clinical symptoms develop in some persons even while they are taking so-called suppressive doses of various medications, but frequently after their cessation these symptoms develop. After cessation of the drugs used, in about 47 per cent of the cases malaria develops. When quinine has been taken, the disease manifests itself from thirty-five to thirty-seven days later; atabrine delays its development from thirty-three to thirty-seven weeks. Plasmochin could be used, but it is too toxic to be safe. Suppressive doses used and most popular during World War II were 5 grains of quinine sulfate orally each night at bedtime or 1½ grains of atabrine for six nights and omitting the seventh. Atabrine was preferred because it seems to be more effective and less toxic, and it was more available when the supply of quinine was cut off.

TREATMENT

Curative treatment of tertian (P. vivax), quartan (P. malariae) and estivo-autumnal (P. falciparum) malaria in the absence of profound symptoms and imminent danger is mentioned in order of choice.

ATABRINE (ORAL)

Toxicity: Relatively nontoxic in therapeutic doses. The drug is slowly excreted, traces being found in body fluids up to ninety days. Because of this cumulative effect a course of treatment should not be repeated within thirty days.

Efficacy: Approximately 85 to 95 per cent. Lethal for all erythrocyte forms. Has only a slight effect on gametocytes (crescents) of P. falciparum. Usually rids the peripheral circulation of parasites in thirty-six hours.

Preparation: Tablets (Winthrop) containing 1½ grains (O. 1. Gm.) or ¾ grain (0.05 Gm.)

Dosage: Atabrine 0.2 Gm. (3 grains) and sodium bicarbonate 1 Gm. (15 grains) by mouth with 200 to 300 cc. of sweetened fruit juices, tea or water, repeated every six hours for five doses. Thereafter 0.1 Gm. (1½ grains) three times daily with meals for six doses. Children: 1 to 4 years, one tablet containing ¾ grain (0.05 Gm.) twice daily for five days; 4 to 8 years, 1½ grains (0.1 Gm.) twice daily for five days: over 8 years, adult dose.

Method of Administration: The tablets are given following meals, with increased intake of water during the day. The tablets may be crushed and suspended in honey or syrup.

Untoward symptoms: Yellowish discoloration of the skin, but this is not a contraindication to completing a course of treatment.

Contraindications: Any past history of psychosis. *Must not be given with plasmochin or intravenously.*

QUININE SULFATE

Toxicity: Relatively nontoxic in therapeutic doses. The drug is excreted within twenty-four hours. The rapid excretion necessitates prolonged

treatment, but permits constant administration in nontoxic doses.

Efficacy: Is dependent on the period of time over which the drug is administered . Treatment for four weeks, 60 to 70 per cent; for six weeks, 80 per cent; for eight weeks 90 to 95 per cent; and for twelve to fifteen weeks, up to 100 per cent. Lethal for all erythrocyte forms of the parasite. No effect on the gametocytes (crescents of P. falciparum).

Preparation: Quinine Sulfate in 5 grain (0.33 Gm.) capsules.

Dosage: Quinine sulfate 1 Gm. (15 grains) by mouth three times a day after meals for two days, followed by 0.6 Gm. (10 grains) three times a day after meals for five days, followed by 10 grains (2 capsules) at night for eight to fifteen weeks. Children. 1 grain (0.065 Gm.) three times daily per 15 pounds of body weight.

Method of Administration: The capsules are given following meals for the first five days, then at night on retiring for eight to fifteen weeks. In some instances it is advisable to allow the patient to take the second part of the treatment for five days a week, allowing no drug on Saturdays and Sundays. If this schedule is carried out, the patients are more likely to take the drug even longer than fifteen weeks.

Uptoward Symptoms: Headache, tinnitus aurium, dizziness, impaired vision, deafness, purpuric and vesicular eruptions and agranulocytic angina.

Contraindications: Blackwater fever and in patients in whom disturbing symptoms develop.

COMBINED QUININE-ATABRINE-PLASMOCHIN TREATMENT

(a) Quinine sulfate 0.6 Gm. (10 grains) three times daily after meals for two or three days until pyrexia is controlled, followed by

(b) Atabrine 0.1 Gm. (1½ grains) three times daily after meals for five days.

(c) Two days without antimalarial medication.

(d) Plasmochin 0.01 Gm. (1/6 grain) three times daily after meals for three or four days.

QUININE DIHYDROCHLORIDE

For Oral Administration: The drug may be tried when quinine sulfate and atabrine have failed. The pharmacologic and clinical data regarding this drug correspond essentially to those given under quinine sulfate.

Short Course Treatment: Rationale: To permit development of immunity in hyperendemic areas. Advocated for tropical climates of high malaria incidence, but not recommended for the United States. Quinine sulfate 15 to 18 grains three times daily for five to seven days.

In the treatment of tertian (P. vivax), quartan (P. malariae) and estivo-autumnal (P. falciparum) malaria when the patient manifests profound symptoms, those of imminent danger or those of pernicious (cerebral) malaria, the drugs preferable in order of choice are:

ATABRINE (INTRAMUSCULAR)

Toxicity: See *Atabrine (oral).*

Efficacy: For blackwater fever, the best drug available; in Africa it has reduced the mortality of this disease from 60 to approximately 12 per cent.

Preparation: Ampules of atabrine (Winthrop) containing 3 grains (0.2 Gm.) of sterile powder. A 10 cc. ampule of distilled water is supplied with each dose.

Dose: Adults: 3 grains (0.3 Gm.). Children up to 8 years: ¾ grain (0.05 Gm.). The total dosage for adults should not exceed 22½ grains (1.5. Gm.) Children 1 to 4 years, 7.5 grains (0.5 Gm.); 4 to 8 years, 15 grains (1.0 Gm.); over 8 years, adult dose.

Method of Administration: The powder is dissolved in 7 cc. of distilled water. The solution is injected with sterile syringe having a needle of 20 or 22 gauge, 1½ or 2 niches long. The needle is wiped dry and thrust into the upper outer quadrant of the buttocks. Injections are given twice daily until acute symptoms have subsided and are followed by atabrine (oral) up to the total dose. All of the procedures are carried out under aseptic conditions.

Untoward Symptoms: See *Atabrine (oral).*
Contraindications: See *Atabrine (oral).*

QUININE DIHYDROCHLORIDE

For Intravenous Administration: Obtained in 2 cc. ampules containing 15 grains (1.0 Gm.). The contents of the ampule are mixed with 100 cc. of sterile physiologic saline and given at the rate of about 2.5 cc. per minute. This preparation may be administered twice daily until symptoms improve, then quinine sulfate is given by mouth.

PLASMOCHIN

Toxicity: Relatively nontoxic in therapeutic doses as indicated.

Efficacy: Gametocytes: 100 per cent. Erythrocyte forms: less than 40 per cent.

Preparation: Tablets containing 1/6 grain (0.01 Gm.) each.

Dosage: Plasmochin 1/6 grain (1 tablet) three times daily for five to seven days. Children: 1/6 grain (0.001 Gm.) per 15 pounds of body weight.

Method of Administration: One tablet is given following meals for seven days. The drug may be administered along with quinine (quinoplasmoquine tablets) *but atabrine and plasmochin must not be given simultaneously.* Plasmochin can, however, be given safely following a course of atabrine.

Untoward Symptoms: Nausea, vomiting, cyanosis and methemoglobinemia.

Contraindications: Kidney, liver or heart diseases, or during atabrine administration.

Relapses and recurrences of clinical activity occur in all forms of malaria. They are most frequent and persistent in infections caused by P. vivax. There is no evidence to indicate that exhibition of antimalarial drugs in the absence of clinical activity and demonstrable parasitemia modify the course of the disease.

In the event that a convalescent person is to return to an endemic area, the standard suppressive routine with atabrine should be resumed immediately after termination of definite therapy for the clinical attack. A number of times I have seen patients that have had as high as twenty recurrent attacks of malaria. I have observed the devastating effects of this disease upon their bodies and fully realize how greatly their usefulness deteriorated during the period of these attacks. That it takes months or years for them to recover their former health, if they ever do, is obvious. So I have come to consider this malady with the greatest of respect. In conclusion, I would heartily endorse the warning, "Beware of Madam Anopheles and her kiss of death."

SUMMARY

From the vantage point of experience and observations in World War II, malaria in its various forms and types is discussed with particular reference to suppressive measures and treatment. The menace of this disease in Florida at the present time is mentioned.

333 Third St. N.

ABDOMINAL PREGNANCY

WITH REPORT OF A CASE

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A true or primary abdominal pregnancy in which the primary site of implantation occurs within the peritoneal cavity is rare. The majority of abdominal pregnancies follow rupture of a tubal or ovarian pregnancy with secondary implantation of the fetus within the abdominal cavity. When rupture occurs, there is usually incomplete separation, permitting the placenta to grow on structures adjacent to the site of primary nidation.[1] This is helpful in enabling one to differentiate an abdominal pregnancy from one which is secondary to rupture of a tubal or ovarian gestation.

CRITERIA FOR THE DIAGNOSIS OF ABDOMINAL PREGNANCY

Weiner[2] in 1944 listed four criteria for the diagnosis of the true abdominal pregnancy: (1) normal appearance of the tubes, (2) absence of penetration of the space between the broad ligaments by the fimbriated ends of the tubes, (3) absense of intraligamentous rupture of the tubes and (4) lack of evidence of escape of the ovum from the uterine cavity. It is evident that these criteria can be applied only during laparotomy or postmortem examination.

In suspected cases of abdominal pregnancy roentgen studies are often helpful. Mattingly and Manville[3] in 1942 listed certain criteria for the roentgen diagnosis: (1) absence of the uterine shadow encasing the fetus; (2) abnormally high position of the fetus in the abdomen; (3) abnormal position assumed by the fetus, a transverse presentation being frequent; (4) from a lateral view the fetal parts shown to lie just beneath the abdominal wall; and (5) as a final diagnostic aid, injection of a radiopaque substance into the uterine cavity, showing the fetal parts to lie outside this cavity.

SYMPTOMS

The symptoms of abdominal pregnancy vary greatly, sometimes being so mild that the patient may not visit a physician and may proceed to term, when normal labor fails to set in. In addition to the usual symptoms of pregnancy, there are certain symptoms which are often associated with abdominal pregnancy. Pain, particularly in

Members, Duval County Hospital Staff.

Read before the monthly Staff meeting of the Duval County Hospital, Nov. 20, 1945.

the last trimester, is an important finding. Fetal movements may cause intense, sharp abdominal pain, and the abdominal wall may be unusually tender. The chorionic villi may erode the intestinal wall with the production of melena, constipation and diarrhea. After fetal death there may occur perforation of the wall of the intestine by loose bony fragments following maceration of the fetus.[4] Amenorrhea is not always a part of the picture. Menstrual disturbances and irregularities, such as metrorrhagia and menorrhagia, may occur. Breast changes may be lacking.

DIAGNOSIS

The diagnosis of abdominal pregnancy is difficult and is not commonly made before laparotomy. There are certain findings which suggest the correct diagnosis. It should be suspected in the cases in which the patient goes past term. False labor frequently occurs whether the fetus dies in the latter months of pregnancy or lives to term. Undue prominence of the fetal parts to palpation is often noted on abdominal examination. The fetus frequently lies to one side of the spinal column, and by percussion dulness over the fetus is present while tympany on the opposite side is elicited. The cervix is usually high, firm and anterior against the pubis.[5]

TREATMENT

It is not advisable to delay operation with the idea of obtaining a living child, for Lull[6] in 1940 stated that in a large number of abdominal pregnancies congenital abnormalities are present. Deferring operation also adds unnecessary risk for the mother, and should the fetus die, it is often preferable to defer operation two or three weeks until the vascularity of the placenta is decreased. Waiting longer to operate is not thought advisable as it adds to the likelihood of perforation of the intestinal tract by loose fragments of the macerated fetus.[5]

The question then arises: What should be done with the placenta at operation? The majority of writers advocate leaving the placenta in position after removal of the fetus unless it is easily separated from its points of attachment. Posner[7] in 1938 recommended marsupialization or suturing the thickened edges of the fetal membranes to the margins of the incision with the insertion of a drain in cases in which infection is anticipated.

Dibbens[8] in 1944 mentioned four possibilities for the fate of the placenta in abdominal pregnancy: (1) It is usually absorbed. (2) It may undergo necrosis with the formation of an abscess. (3) It may become calcified as may other foreign bodies in the abdomen. (4) Secondary removal rarely may become necessary.

REPORT OF CASE

M.L.T., a 29 year old married Negro woman, presented herself for examination and treatment at the emergency room of the Duval County Hospital with the chief complaint of a "lump in her stomach" and an occasional sharp pain in the right lower quadrant of the abdomen, the pain radiating down the medial aspect of the right thigh to the knee. The illness had begun a week before admission when the abdomen had begun to enlarge slowly, causing the patient to feel as if she had a great deal of "gas on her stomach." Coincident with the onset of the abdominal distention she had noticed tenderness in the right lower portion of the abdomen radiating down the medial aspect of the right thigh to the knee on motion. The abdominal pain was sharp in nature, was not constant, was accentuated by walking or standing and did not require bed rest. Two days following the onset she had discovered a mass in the lower part of the midabdomen which extended slightly above the umbilicus. The mass had not been recognized previously. Her husband, however, had made the comment a few days before that her abdomen was larger than usual. Two episodes of vomiting occurred the night before her visit to the emergency room.

The menstrual history disclosed that the menses began in the fourteenth year, were regular with a thirty day cycle and five to six day flow. The patient had three children, her last child having been born Nov. 18, 1943, and there was no history of miscarriage. Her last menstrual period began twenty-three days prior to admission, was on time and normal in amount and duration. She denied the slightest irregularity of her menstrual periods.

Physical examination revealed no abnormalities except those of the abdomen and pelvis. In the abdomen there was present a firm, nontender, symmetric, spheroid mass resembling the fundus of the uterus arising from the pelvis in the midline and ascending 5 cm. above the umbilicus. There was moderate tenderness in the right lower quadrant of the abdomen on deep palpation and to a lesser degree in the left lower quadrant. On percussion a definite dulness was noted in both flanks, shifting dulness being elicited. Upon auscultation peristalsis was normal in pitch, frequency and amplitude.

Pelvic examination revealed normal genitalia, vagina and cervix. The cervix and fundus uteri by palpation were normal in consistency, the fundus being within the upper limits of normal in size. Arising from the pelvis in the midline was a tumor 15 by 25 cm. in size, which felt cystic and was not freely movable. The adnexa presented no abnormalities. The rectal examination confirmed the pelvic examination. The impression was that an ovarian cyst, partially adherent to the pelvic and the abdominal viscera, was present.

Routine laboratory examinations were performed. The hemoglobin estimation was 38 per cent (6.46 Gm.); the red blood cell count was 1,930,000, and the white blood cell count was 12,000. Urinalysis gave negative results. Roentgen studies and tests for pregnancy were not made because of the lack of indications of pregnancy. The patient remained in the hospital five days before operation, during which time she received preoperative treatment directed towards the correction of the anemia. This therapy consisted of three infusions of 500 cc. of whole citrated blood, increasing the red blood cell count to 3,190,000 and the hemoglobin estimation to 65 per cent (11 Gm.).

A pelvic laparotomy was performed through a low midline incision with the use of cyclopropane-ether-oxygen anesthesia. Upon opening the abdomen numerous blue

cystic masses were encountered which had the appearance of endometriosis. The normal structures beneath the anteroparietal peritoneum were obliterated by a mass in the midline measuring 20 by 13 cm. The mass was dissected free from the anteroparietal peritoneum by blunt dissection, but it could not be separated from the underlying viscera. It was accidentally opened and contained a slightly macerated fetus of about four months' size. Active bleeding occurred, which was controlled with difficulty. Upon further exploration of the abdomen it was noted that the placenta was attached to the greater omentum, limited superiorly by the transverse colon, adherent inferiorly to the bladder, and attached to the ascending and descending colon and to multiple loops of the small intestine. By palpation and inspection the uterus was within the upper limits of normal in size and consistency. The adnexa were grossly normal without involvement of the ovaries or tubes. The umbilical cord was ligated, a cigarette drain was placed against the placenta, and the abdomen was closed in layers. The patient received adequate blood and other fluids during and following the operation.

The postoperative course was uneventful, and the patient was discharged on the fifteenth postoperative day with instructions to return for a follow-up examination in the outpatient department. Examinations on subsequent visits revealed a normal pelvis and abdomen without gross masses or induration.

SUMMARY

A case of abdominal pregnancy is presented, with criteria for diagnosis and the method of treatment outlined. It is believed that true abdominal pregnancy occurs more rarely than the literature indicates; this case is the only one recorded among more than 12,000 deliveries at the Duval County Hospital since 1923.

BIBLIOGRAPHY

(1) Martin, P. J., and Grier, M. E.: Abdominal Pregnancy (Case History), Nebraska M. J. **28**: 148-149 (May) 1943.
(2) Weiner, J. J.: Primary Abdominal Pregnancy; Case Report, Am. J. Surg. **65**:288,289 (Aug.) 1944.
(3) Mattingly D., and Manville, L. J.: Abdominal Pregnancy, Radiology **38**: 35-38 (Jan.) 1942.
(4) Hart, S. D.: Abdominal Pregnancy; Case Report, West. J. Surg. **51**: 280-282 (July) 1943.
(5) Weintrob, M. and Weintrob D. I.: Diagnostic Points in Intraabdominal Pregnancy; Report of Case, Am. J. Surg. **54**: 747-752 (Dec.) 1941.
(6) Lull, C. B.: Abdominal Pregnancy, Am. J. Obst. & Gynec. **40**: 194-202 (Aug.) 1940.
(7) Posner, A. C.: Treatment of Late Abdominal Pregnancy, with Report of 2 Cases, Am. J. Obst. & Gynec. **36**: 693-697 (Oct.) 1938.
(8) Dibbens, S. A.: Abdominal Pregnancy; Case Report, Am. J. Surg. **63**: 402-404 (March) 1944.

ABSTRACTS OF MEDICAL ARTICLES

ELECTROCARDIOGRAPHIC CHANGES RESULTING FROM PHOSPHORUS POISONING, LIEUT. COL. RICHARD A. DATHE, M. C., AND MAJOR DAVID A. NATHAN, M. C., AM. HEART J. **31**:98-102 (JAN.) 1946.

A case of phosphorus poisoning with subsequent recovery is presented in which there was opportunity to study the toxic effect of ingestion of this exogenous agent, as represented in the electrocardiogram. The authors found no previous reports appearing in the American literature describing the electrocardiographic changes due to phosphorus toxicity.

The electrocardiogram showed progressive and regressive changes in the T waves and ST segments in leads I, II and IV. This pattern closely simulates the more frequent changes seen in acute glomerulonephritis, after nicotine inhalation in certain persons and in severe anemia.

SYMPOSIUM ON MILITARY MEDICINE ABOARD THE U. S. S. SAMARITAN. A. EARLY TREATMENT OF ORTHOPEDIC CASUALTIES ON A HOSPITAL SHIP, JEWETT, EUGENE L., CAPT. (MC) U.S. N.R.; BELAIR, JOSEPH F., COMDR. (MC) U.S. N.R., LOHNASS, HAROLD, LIEUT. COMDR. (MC) U.S.N.R., and HAMM, JOSEPH N., LIEUT. (MC) U.S.N.R., U. S. NAV. M. BULL. **46**:25-36 (JAN.) 1946.

This resume, from an orthopedic standpoint, of a little more than one year's work aboard a Naval hospital ship in the Pacific theater of war deals with 7,846 combat casualties from four landing operations, most of whom were brought aboard within forty-eight hours after being injured in battle. Of the total number requiring surgery 85 per cent, or 1,585, were orthopedic patients. With 117 repeat orthopedic operations there were 1,702 operative cases, 698 plaster casts for the upper extremity and 649 for the lower extremity, 1,378 plaster casts and spicas in all and 2,113 extremities operated upon.

The experience of the authors corroborates the universally accepted belief in the efficacy of whole blood in the treatment of shock accompanied by hemorrhage. Despite the disadvantage of its mode of administration, penicillin seemed more efficacious in preventing and combating infection than sulfadiazine. For seriously ill patients, especially when gas gangrene was feared, the two drugs in combination seemed to produce a better effect than either alone. All that has been written about subsidence of temperature, rapid improvement in well-being and alleviation of pain as a result of refrigeration of necrotic, badly infected limbs was dramatically demonstrated.

The plaster-of-paris treatment of Orr and Trueta was proved over and over again to be a sound basis for the treatment of orthopedic war casualties. The authors concluded that operation, together with this form of therapy handled from start to finish with meticulous care at every step, is superior as a means of adequately handling the greatest number of acutely injured orthopedic patients in the shortest possible time.

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GOOD WILL TOWARD MEN

As we approach the second Christmas season since the cessation of hostilities, the familiar message of "Peace on Earth, Good Will Toward Men" rings crystal clear across the centuries and peals forth today with clarion call. The turbulence and strife and global unrest, rampant since the jubilant thankfulness of last year's victory Yuletide, may well give us pause for sober reflection as we celebrate another Christmas. The uncertainties and the chaos of the present period of transition from open warfare to actual peace accentuate in bold relief the need for men of good will everywhere.

As these uneasy days denote the ending of one era, so they mark the beginning of another. What the incoming atomic age holds for mankind depends as never before on the worldwide fraternity of nations and of peoples. The inexorable corollary of "Peace on Earth" is "Good Will Toward Men." The moral uplift of the races of men and true progress along the road of eternity are rooted in fraternity, not fratricide. It is the brotherhood of all men everywhere, inherent in the Spirit of Christmas, that will save the world from itself and insure its very survival.

Twice within the brief span of a quarter of a century we have witnessed the astounding spectacle of science harnessed to ill will making of the world a cemetery. Understanding becomes clearer by experience. Science harnessed to good will can and indeed must, if we would survive, make of this same world a garden of peace in which the love of God find expression in the hearts of men of every nation and every clime through the flowering anew of the spirit of brotherly love.

May we realize at this holy season that only as we go to school with our Maker, only as we permit the Spirit of Christmas to dwell in our hearts, are we able, individually and collectively, nationally and internationally, to lay hold on the spiritual realities which make for peace and contentment and give life its true meaning. Each and everyone of us can be the harbinger of good will to our fellow men. Let us then ever cherish the essence of the Christmas Spirit within as we daily shed its fragrance abroad along life's way.

H. L. P.

MALINGERING UNDER COMPULSORY HEALTH INSURANCE

The economic implications of the Wagner-Murray-Dingell bill are in themselves enough to condemn this specious piece of proposed legislation at the outset. Its social and moral aspects, however, should speedily blast it into oblivion.

Once the health of the nation and the future of the medical profession were by legislative act vested in the provisions of this bill, its far reaching tentacles would plunge the country into an experience so revelatory in its moral consequences as both to dwarf the intolerable economic burden entailed and to overshadow the mortal blow dealt professional freedom. Too late, the eyes of the public would be opened to the evils of malingering of unsuspected magnitude.

That the average man is wedded to work purely for the love of it is an utterly fallacious belief altogether too widespread in the land today. Even limited experience with the Workmen's Compensation Law establishes the fallacy of this assumption. No one questions the justice of compensation for invalidism ensuing from injury received in the line of duty. But who will deny that paying a man for being sick has its perils?

No one knows better than the physician the ease with which mere mortal man can shift his thinking from the erstwhile eager "How long before I can return to work?" to the unexpressed but deeply implanted "How long can I manage to stay sick?" It is astonishing how quickly the average presumably conscientious worker becomes the opportunist grasping for the straw of security at a low rate of income. Sometimes it is all but unbelievable how readily ambitions and aspirations are pawned for the pittance of a stipend, neither earned nor deserved.

True, the public is only beginning to be aware of the nature and widespread practice of malingering. Yet who today does not have a kinsman, friend or acquaintance enjoying poor health? This unfortunate group forms too large a portion of the population as it is, and its numbers need no augmentation through vicious legislative measures. Nothing daunted by repeated assurances from honest physicians that there is nothing the matter with them, these patients shop around from physician to physician until the money runs out or they find a quack who, for a price, gives them the pink pills they crave for the ailment that does not exist. Nor do they hesitate to blacken with zest the reputation of the physician who tries to tell them there is nothing the matter with them.

The knowledge that in England the claim rate for wage loss benefits increased 50 per cent in six years gives one pause for thought. Too, in Germany, where Bismarck, interestingly enough, first promulgated the doctrine of security for the masses, this rate trebled between 1885 and 1930.[1] One may well ask how deeply ingrained is man's desire to get something for nothing.

Surely these figures are suggestive of the potentially prodigious moral risk inherent in compulsory health insurance. On this score alone the Wagner-Murray-Dingell bill should sound its own death knell. Under its provisions, there appears to be no means of compelling a patient to admit that he is well. Under universal coverage, how much more difficult would this problem become? H. L. P.

1. Insurance Economic Surveys, Vol. 2, No. 11, May, 1946, cited in Editorial, Compulsory Health Insurance and Malingering, New York State J. Med. 46:2135-2136 (Oct. 1) 1946.

RESEARCH MEDAL AWARD

Recognition of the scientific achievements of Southern physicians finds laudable expression in the awarding of a research medal from time to time by the Southern Medical Association. This practice was established at its annual meeting in Jacksonville in 1912, and the award "for meritorious and original research work" has been made eleven times.

At the recent meeting in Miami the Research Medal was conferred upon Dr. William H. Sebrell, Jr., Chief of the Division of Physiology, National Institute of Health, United States Public Health Service, Bethesda, Md. This honor was accorded him "in recognition of his important contributions to the understanding of nutrition and its relation to public health."

The contributions of sufficient importance to merit this distinction through the years have been in a variety of branches of medical science. The fields of original research include the cultivation of malaria parasites in artificial media, vascular surgery, the parasitology of tropical diseases, the diagnosis and pathology of inflammatory diseases of the gallbladder and liver, experimental nephritis, the cultivation and nature of viruses, the circulation in relation to shock, bacteriology and chemotherapy, human nutrition as related to earlier and better methods of diagnosis and treatment of disease, and the structural and functional aspects of cardiovascular disease with particular relation to the practical problems arising from failure of the circulation. H. L. P.

From Our President

PUBLIC RELATIONS BUREAU

Since the Board of Governors at its September meeting approved plans for the creation and incorporation of a nonprofit Bureau of Public Relations, gratifying progress has been made looking to its establishment. To serve with me in working out this timely project, I appointed Drs. Walter C. Jones, Miami; W. C. Thomas, Gainsville; Ferdinand Richards, Jacksonville; Harold D. Van Schiack, Miami; John R. Boling, Tampa, and Robert B. McIver, Jacksonville. All graciously consented to serve on this important committee.

In October, a letter was sent to every member of the Association, recounting the efforts made to gather and study all available information on the best procedure to follow in establishing this Bureau. In this letter attention was directed to the increase in the annual dues of the Association to $25, effective Jan. 1, 1947. Of this amount, $10 will provide an operating fund for the maintenance of the Bureau.

In order that this new venture may be launched most auspiciously, the members were asked in this letter to cooperate with the committee by aiding it in one of its primary and most important duties, the selection of an Executive Secretary for the Bureau. The response to this request has been pleasing. Valuable suggestions have been received, and several applications have resulted. If the right person for this key position is in Florida, he should be found. If not, however far afield the committee must go to find him, no effort will be spared to obtain the most suitable choice. An advertisement has been placed in the Journal of the American Medical Association, and every application, as well as every possible lead, is being carefully investigated.

With the continued interest of the membership in this significant undertaking and unceasing diligence on the part of the committee in fostering it, it is hoped that the Bureau will be operating effectively relatively early in 1947.

The Season's Greetings!

Thales Richardson

STATE NEWS ITEMS

Dr. Richard C. Cumming, Ocala, was the guest speaker at a recent meeting of the local Kiwanis Club. His discussion was centered around "The American Home can Solve the World's Problems."

Dr. N. L. Marcus, Tampa, spent two weeks in September visiting clinics at Chicago and Louisville, Ky.

Dr. Harry L. Allan, St. Petersburg, announces the opening of offices at 432 Third Street North, for the practice of General Surgery emphasizing Proctology.

At the Centennial Session of the American Medical Association to be held in Atlantic City, June 9 to 13, 1947, the Scientific Exhibit will include both the history of medicine during the last century and the latest developments of medical science.

Application blanks for space are now available. All applicants must fill out the regular form. Applications close on Jan. 13, 1947, after which time the Committee on Scientific Exhibit will make its decision and notify the applicants.

Application blanks for space should be procured as soon as possible. They are available from The Director, Scientific Exhibit, American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois.

Recently Gov. Millard Caldwell appointed the following members on the Advisory Committee of the State Hospital Survey; Drs. W. C. Payne, Pensacola; Harrison A. Walker, Miami; Wilson T. Sowder, Jacksonville; Messrs. L. B. Anderson, Winter Haven; W. E. Arnold, Jacksonville; T. R. Smith, Quincy; Oscar W. Gilbert, St. Petersburg.

This committee held its first meeting September 25 in the offices of Governor Caldwell. It will be its duty to appoint a director of the State Survey and otherwise to expedite the work necessary to make Florida eligible for funds under the Hospital Construction Bill passed by the Congress.

The state agency appointed to carry out the purposes of the federal legislation is the Florida Improvement Commission, Tallahassee, Fla. All inquiries concerning the survey and matters pertaining to the allocation of funds should be addressed to Mr. I. M. Snyder, Assistant Director, Florida State Improvement Commission, who is also Assistant Secretary of the Advisory Council.

Dr. T. Z. Cason, Jacksonville, recently returned from Boston where he attended a special course and symposium on Diabetes Mellitus.

Dr. A. O. Morton, Sarasota, Florida, announces his retirement from the active practice of medicine. While the medical profession will sorely miss his efficient services, we know that they will all wish him well.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

Dr. and Mrs. James L. Estes, Tampa, announce the birth of a daughter, on Sept. 26, 1946.

MARRIAGES

Dr. Robert Y. H. Thomas and Miss Mary Bolling Duncan of Jacksonville were married on Oct. 26, 1946.

DEATHS - MEMBERS

Dr. Edmund H. Teeter, Jacksonville—Nov. 3, 1946.

OTHER DOCTORS

Dr. Goodwin Gheesling, Greensboro, Ga.—June 21, 1946.

Dr. Wayne A. Yoakam, Homer, Ohio—May 10, 1946.

MEDICAL OFFICERS RETURNED

Dr. Roger J. Arango, who entered military service on Aug. 31, 1942, received his discharge May 8, 1946. His address is 2737 S. W. 1st St., Miami. He held the rank of Captain in the Army.

Dr. Donald W. Smith, who entered military service on Oct. 4, 1943, received his discharge Oct. 1, 1946. His address is 410-11 Ingraham Building, Miami. He held the rank of Commander, U. S. N. R.

LOCATION WANTED: Would like to join group or surgeon as Obstetrician-Gynecologist. Age 40, 5 years experince assistantship in obstetrics and gynecology at teaching hospital; eight months course in Obstetrics and Gynecology at the University of Pennsylvania Graduate School and am now completing year of residency at Cooper Hospital, a University of Pennsylvania teaching hospital. Separated from Navy in October 1945. Have Florida license and excellent references. 69-8.

MEETINGS IN MEDICAL DISTRICTS

The Chairman of the Council with the cooperation of the eight councilors, arranged for the four medical district meetings. These meetings are of unusual interest to a large number of the Association. The state officers and lecturers attended the meetings at their own personal expense and made a real contribution to the success of the meetings.

At all of the meetings, Chairman White urged that any member who wished to read a scientific paper at the annual meeting in April at Miami, make application to Dr. J. Rocher Chappell, Orlando, without delay. The entire program must be completed the early part of February.

The lecturers at the scientific assemblies were furnished by Dr. T. Z. Cason, Chairman of the Association's Committee on Medical Postgraduate Course.

NORTHWEST MEDICAL DISTRICT

OCTOBER 28-PENSACOLA

SCIENTIFIC ASSEMBLY

Presiding, Dr. Herbert E. White, Chairman of Council. Dr. G. Wilmot Brown, Councilor District 2.

At 2:30 p.m. Dr. Carol C. Webb, President Escambia County Medical Society, welcomed the members and guests.

Lecture on Practical Problems in Obstetrics by Dr. S. R. Norris of Jacksonville.

Lecture on Treatment of Myocardial Infarction by Capt. Ashton Graybiel, U S N R, Naval Air Station, Pensacola.

A general discussion followed the lectures, in which a number of the doctors present took part.

The lectures were of unusual interest and appreciated by all present.

GENERAL SESSION

Presiding, Dr. Herbert E. White, Chairman. Dr. William C. Roberts, Councilor District 1.

First order of business was the selection of a meeting place for 1947. Drs. Clarence W. Shackelford and William C. Roberts on behalf of the Bay County Medical Society extended an invitation to meet at Panama City. Chairman White called for a vote, and Panama City was designated as the place for the 1947 meeting.

The chairman called on the following state officers who responded with short interesting addresses: Drs. Shaler Richardson, president; William C. Thomas, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Walter C. Jones, chairman of the Board of Governors.

At the invitation of the chairman of the council, Mr. H. A. Schroder, executive director of the Florida Medical Service Corporation, was present and gave an informative talk followed by a round table discussion of the Medical Service Plan.

The chairman requested all present to stand for a moment of silence in respect to our departed colleague, J. Sam Turberville.

At 5:30 p.m. refreshments were served by the host society.

At 6:30 p.m. 83 doctors and guests attended the dinner. Dr. Carol C. Webb was the toastmaster. This dinner meeting was informal. Dr. Webb is a talented toastmaster and had splendid responses from the "wits" who were present. It was a very delightful occasion with never a dull moment until the party broke up.

The total registration was 100, of which number 54 were Association members (from this district, 45), 24 were visitors and 21 were ladies. State Association officers present were: Shaler Richardson, president; William C. Thomas, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director. Councilors present were: Herbert E. White, chairman; William C. Roberts, G. Wilmot Brown, district two.

REGISTRATION

Bonifay: R. H. Segrest. *Century*: J. I. Turberville, J. K. Turberville. *Gainesville*: W. C. Thomas. *Graceville*: R. L. Miller. *Jacksonville*: W. W. Kirk, Robert B. McIver, Webster Merritt, S. R. Norris, Shaler Richardson. *Miami*: Walter C. Jones, Homer L. Pearson. *Milton*: Rufus Thames.

Pensacola: A. M. Ames, E. V. Anderson, Paul F. Baranco, J. D. Bell, Herbert L. Bryans, G. N. Click, J. P. Daniels, J. H. Fellows, L. C. Fisher, Jr., H. B. Haisfield, H. O. Heath, C. J. Heinberg, W. P. Dixon, F. B. Hodnette, S. G. Kennedy, Jr., M A. Lischkoff, John J. McGuire, J. N. McLane, J. C. McSween, Noel C. Mellen, Clyde E. Miller, Jr., A. E. Mock, G. W. Morse, W. C. Payne, Nathan S. Rubin, Lee Sharp, Gretchen V. Squires, Raymond B. Squires, A. L. Stebbins, R. P. Stritzinger, Rosa L. Sullivay, Carol C. Webb, Alvyn W. White, E. T. White, Jr., W. L. Williams.

Panama City: J. E. Kerr, W. C. Roberts, C. W. Shackelford. *Port St. Joe*: A. L. Ward. *St. Augustine*: Herbert E. White. *Tallahassee*: G. W. Brown.

Visiting doctors—Jacksonville: Edwin Riley, C. M. Sharp. *Pensacola*: S. H. Bartley, M. J. Bielak, Bernard Block, E. L. Caveny, Ashton Graybiel, Louis Iverson, Bruce V. Leamer, J. A. Millspaugh, Jos. H. O'Connell, John M. Packard, John L. Patterson, Walter Patterson, H. W. Porter, Thurlow W. Reed, F. Kirk Smith, W. C. Thompson. *Warrington*: H. W. Hill. *Alabama-Brewton*: L. H. Clemmons, A. G. Holley. *Canal*: J. P. Stallworth. *Holland*: Lt. Col. J. E. Brouwer.

Other guests—Jacksonville: H. A. Schroder.

Ladies—Pensacola: Mrs. A. M. Ames, Mrs. G. N. Click, Mrs. J. P. Daniels, Mrs L. C. Fisher, Jr., Mrs.

Edgar Heath, Mrs. C. J. Heinberg, Mrs. Frank B. Hodnette, Mrs. S. G. Kennedy, Mrs. M. A. Lischkoff, Bessie Lowe, Mrs. J. N. McLane, Mrs. G. W. Morse, Mrs. W. C. Roberts, Mrs. Nathan S. Rubin, Mrs. R. H. Segrest, Mrs. C. W. Shackelford, Mrs. Carol C. Webb, Mrs. Alvyn White, Mrs. E. T. White, Jr. *Alabama—Brewton*: Mrs. L. H. Clemmons. *Canal*: Mrs. L. S. Walker.

NORTHEAST MEDICAL DISTRICT

October 30 - Gainesville

SCIENTIFIC ASSEMBLY

Presiding, Dr. Herbert E. White, Chairman of Council. Dr. Vernon A. Lockwood, Councilor District 3.

At 2:30 p.m. Dr. Chester F. Ahmann, President Alachua County Medical Society, welcomed the members and guests.

Lecture on Practical Problems in Gastroenterology by Dr. J. L. Borland of Jacksonville.

Lecture on Treatment of Functional Dysmenorrhea by Dr. C. J. Collins of Orlando.

A general discussion followed the lectures, in which a number of the doctors present took part.

The lectures were of unusual interest and appreciated by all present.

GENERAL SESSION

Presiding, Herbert E. White, Chairman. Dr. Vernon A. Lockwood, Councilor District 3.

First order of business was the selection of a meeting place for 1947. Dr. A. Clark Walkup on behalf of the St. Johns County Medical Society extended an invitation to meet at St. Augustine. Chairman White called for a vote, and St. Augustine was designated as the place for the 1947 meeting.

The chairman called on the following state officers who responded with short interesting addresses: Drs. Shaler Richardson, president; William C. Thomas, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Walter C. Jones, chairman of the Board of Governors.

The chairman recognized Dr. Frederick Bowen of Jacksonville who supplemented Dr. Thomas' explanation of the Association's cooperation with the Veterans Bureau.

Dr. Karl Hanson of Jacksonville at the request of the chairman reported on the statewide rehabilitation program.

At the invitation of the chairman of the council, Mr. H. A. Schroder, executive director of the Florida Medical Service Corporation, was present and gave an informative talk followed by a round table discussion of the Medical Service Plan.

At 5:30 p.m. refreshments were served by the host society.

At 6:30 p.m. 103 doctors and guests attended the dinner. Dr. Walter E. Murphree was the toastmaster. This dinner meeting was informal. Dr. Murphree is a talented toastmaster and had splendid responses from the "wits" who were present. It was a very delightful occasion with never a dull moment until the party broke up.

The total registration was 103, of which number 60 were Association members (from this district, 57), 13 were visitors and 29 were ladies. State Association officers present were: Shaler Richardson, president; William C. Thomas, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director; Vernon A. Lockwood, councilor district 3.

Registration

Archer: F. C. Jones. *Chiefland*: W. C. Young. *Eustis*: R. H. Williams. *Gainesville*: Chester F. Ahmann, Edwin H. Andrews, Henry T. Babers, Jr., Emory Bell, A. T. Cobb, Jr., J. Maxey Dell, J. M. Dell, Jr., F. M. Hall, D. W. Harris, W. Lasiter, J. M. McClamroch, John E. Maines, Jr., Harry Merchant, Walter E. Murphree, Stuart Scott, D. T. Smith, Thos. A. Snow, John H. Thomas, W. C. Thomas. *Hawthorne*: G. M. Floyd. *Jacksonville*: D. M. Baldwin, S. G. Bedell, James L. Borland, F. H. Bowen, Lucien Y. Dyrenforth, Banks H. Goodale, Karl Hanson, Edward Jelks, E. F. McCall, Robert B. McIver, Webster Merritt, Shaler Richardson. *Leesburg*: Marion B. O'Kelly. *Melrose*: H. F. Preston.

Miami: Walter C. Jones, Homer L. Pearson. *Micanopy*: I. A. Dailey. *Ocala*: Bertrand F. Drake, H. L. Harrell, Carl S. Lytle, Eugene G. Peek, Robert E. Thompson, T. H. Wallis. *Orlando*: Thomas C. Butt, C. J. Collins, F. D. Gray, Duncan McEwan, Louis Pohlman, Frank J. Pyle, W. D. Steward, Robert L. Tolle, A. Fred Turner, Jr, R. E. Zellner. *Palatka*: Grover C. Collins. *St Augustine*: Reddin Britt, V. A. Lockwood, A. C. Walkup.

Visiting doctors—Alachua: J. A. Goode. *Gainesville*: Arthur E. MacNeill, Bernard L. Rhodes, Embree R. Rose. *Grandin*: James W. Brantley. *Jacksonville*: Horace M. Anderson, Robert B. Glenn, C. M. Sharp, David Y. Hicks, Jr., *Trenton*: I. Irving Weintraub. *Wildwood*: Herbert Webb.

Other guests—Jacksonville: Perry Grieves, H. A. Schroder.

Ladies—Eustis: Mrs. R. H. Williams. *Gainesville*: Mrs. Adeline Ahmann, Mrs. Edwin H. Andrews, Mrs. Henry J. Babers, Jr., Mrs. F. Emory Bell, Mrs. A. T. Cobb, Mrs. J. M. Dell, Jr., Mrs. Arthur E. MacNeill, Mrs. J. M. McClamroch, Mrs. John E. Maines, Jr., Mrs. Walter E. Murphree, Mrs. B. L. Rhodes, Mrs. Embree R. Rose, Mrs. Stuart Scott, Mrs. D. T. Smith, Mrs. Thomas A. Snow. *Grandin*: Mrs. James W. Brantley. *Jacksonville*: Mrs. D. M. Baldwin, Mrs. F. H. Bowen, Mrs E. F. McCall. *Micanopy*: Mrs. I. A. Dailey. *Ocala*: Mrs. Bertrand F. Drake, Mrs. H. L. Harrell, Mrs. Carl S. Lytle, Mrs. Robert E. Thompson. *Palatka*: Mrs. G. C. Collins *St. Augustine*: Mrs. V. A. Lockwood. *Trenton*: Mrs. I. I. Weintraub. *Wildwood*: Mrs Herbert Webb

SOUTHWEST MEDICAL DISTRICT

OCTOBER 31 - ST. PETERSBURG

SCIENTIFIC ASSEMBLY

Presiding, Dr. Herbert E. White, Chairman of Council. Dr. W. Wardlaw Jones, Councilor District 5.

At 2:30 p.m. Dr. J. Braden Quicksall, President Pinellas County Medical Society, welcomed the members and guests.

Lecture on Heart Disease in Different Age Groups by Dr. Webster Merritt of Jacksonville.

Lecture on Vascular Diseases and Injuries of Blood Vessels of Extremities by Dr. Kenneth A. Morris of Jacksonville.

A general discussion followed the lectures, in which a number of the doctors present took part.

The lectures were of unusual interest and appreciated by all present.

GENERAL SESSION

Presiding, Dr. Herbert E. White, Chairman. Dr. James R. Boulware, Councilor District 6.

First order of business was the selection of a meeting place for 1947. Dr. T. Hugh Roberts on behalf of the Polk County Medical Society extended an invitation to meet at Lakeland. Chairman White called for a vote, and Lakeland was designated as the place for the 1947 meeting.

The chairman called on the following state officers who responded with short interesting addresses: Dr. Shaler Richardson, president; William C. Thomas, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Walter C. Jones, chairman of the Board of Governors.

At the invitation of the chairman of the council, Mr. H. A. Schroder, executive director of the Florida Medical Service Corporation, was present and gave an informative talk followed by a round table discussion of the Medical Service Plan.

At 5:30 p.m. refreshments were served by the host society.

At 6:30 p.m. 92 doctors and guests attended the dinner. Dr. William C. McConnell was the toastmaster. This dinner meeting was informal. Dr. McConnell is a talented toastmaster and had splendid responses from the "wits" who were present. It was a very delightful occasion with never a dull moment until the party broke up.

The total registration was 101, of which number 77 were Association members (from this district, 69), 4 were visitors and 19 were ladies. Association officers present were: Shaler Richardson, president; William C. Thomas, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director. Councilors present were: Herbert E. White, chairman; W. Wardlaw Jones, district 5; J. R. Boulware, Jr., district 6.

REGISTRATION

Bradenton: W. E. Wentzell, W. D. Sugg. *Clearwater*: E. J. Teagarden, George C. Tillman. *Crystal River*: W. B. Moon. *Dade City*: W. Wardlaw Jones. *Dunedin*: H. E. Winchester. *Gainesville*: William C. Thomas. *Jacksonville*: Robert B. McIver, Webster Merritt, Kenneth Morris, Shaler Richardson, R. F. Sondag. *Lakeland*: J. R. Boulware, Jr., F. S. Gachet, Marion W. Hester, Everett S. King, W. P. Logan, T. H. Roberts, W L. Tillis. *Miami*: W. C. Jones, Homer L. Pearson. *Sarasota*: John M. Butcher, J. C. Patterson, Hugh G. Reeves, Millard B. White. *St. Augustine*: Herbert E. White. *St. Petersburg*: Paul L. Berezney, Howard H. Curd, Harry R. Cushman, William M. Davis, Reid E. Dicks, Annette M. Feaster, Orion O. Feaster, John A. Hardenbergh, Dean W. Hart, Robert D. Hollowell, Henry J. Jensen, Howard P. Knapper, W. C. McConnell, W. H. McConnell, J. B. Matthews, Robert B. Mertz, George E. Miller, Edmund Myers, R. Wynn S. Owen, H. G. Palmer, William G. Post, Jr., J. Braden Quicksall, William E. Quicksall, Richard Reeser, Jr, Franklin W. Roush, Franklin W. Roush, Jr., C. C. Rudolph, Lawrence Simcox, S. P. Smiseth, Carl A. Williams, Alvin J. Wood. *Tampa*: C. A. Andrews, C. W. Bartlett, John R. Boling, Harold O. Brown, E. F. Carter, Frank V. Chappell, H. G. Cole, J. C. Dickinson, R. R. Duke, Oren A. Ellingson, James L. Estes, E. S. Gilmer, H. Phillip Hampton, Linus W. Hewit, Samuel G. Hibbs, Frank T. Linz, A. F. Massaro, Eugene B. Maxwell, Harold G. Nix, H. Mason Smith.

Visiting doctors—Gainesville Beach: W. M. Burt. *Tampa*: Morris Waisiman.

Other guests—Jacksonville: H. A. Schroder. *St. Petersburg*: W. A. Zerbe.

Ladies—Clearwater: Mrs. M. Crego Smith. *Lakeland*: Mrs. James R. Boulware, Jr., Mrs. Marion W. Hester, Mrs. Wm. P. Logan. *St. Petersburg*: Mrs. T. H. Green, Mrs. John A. Hardenbergh, Mrs. W. C. McConnell, Mrs. Alvin L. Mills, Mrs. Harrison G. Palmer, Mrs. W. G. Post, Mrs. J. Braden Quicksall, Mrs. M. H. Stewart, Mrs. H. D. Soloman. *Tampa*: Mrs. C. W. Bartlett, Mrs. E. F. Carter, Mrs. O. A. Ellingson, Mrs. Linus W. Hewit, Mrs. Frank T. Linz, Mrs. Harold G. Nix.

SOUTHEAST MEDICAL DISTRICT

NOVEMBER 1 - FT. LAUDERDALE

SCIENTIFIC ASSEMBLY

Presiding, Dr. Herbert E. White, Chairman of Council. Dr. Elliott M. Hendricks, Councilor District 8.

At 2:30 p.m. Dr. Francis D. Pierce, President Broward County Medical Society, welcomed the members and guests.

Lecture on Diabetes by Dr. T. Z. Cason of Jacksonville.

Lecture on Thrombophlebitis and Phlebothrombosis by Dr. George D. Lilly of Miami.

A general discussion followed the lectures, in which a number of the doctors present took part.

The lectures were of unusual interest and appreciated by all present.



The degree of orthopnea is a reliable aid
in the evaluation of cardiorespiratory impairment.
In chronic congestive heart failure,
as well as in emergencies, Searle Aminophyllin decreases
the myocardial burden and thereby improves the
efficiency of the contractions.
Administered orally, parenterally or rectally.

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SEARLE

RESEARCH IN THE SERVICE OF MEDICINE



GENERAL SESSION

Presiding, Dr. Herbert E. White, Chairman. Dr. Adrian M. Sample, Councilor District 7.

First order of business was the selection of a meeting place for 1947. Dr. Adrian M. Sample on behalf of the St. Lucie-Okeechobee-Indian River-Martin County Medical Society extended an invitation to meet at Ft. Pierce. Chairman White called for a vote, and Ft. Pierce was designated as the place for the 1947 meeting.

The chairman called on the following state officers who responded with short interesting addresses: Drs. Shaler Richardson, president; William C. Thomas, president-elect; Homer L. Pearson, editor of the Journal; Walter C. Jones, chairman of the Board of Governors.

The chairman recognized Dr. Joseph S. Stewart of Miami, who supplemented Dr. Thomas' explanation of the Association's cooperation of the Veterans Bureau.

Dr. James L. Anderson, at the request of the chairman, reported on the statewide rehabilitation program.

At the invitation of the chairman of the council, Mr. H. A. Schroder, executive director of the Florida Medical Service Corporation, was present and gave an informative talk followed by a round table discussion of the Medical Service Plan.

At 5:30 p.m. refreshments were served by the host society.

At 6:30 p.m. 93 doctors and guests attended the dinner. Dr. Francis D. Pierce was the toastmaster. This dinner meeting was informal. Dr. Pierce is a talented toastmaster and had splendid responses from the "wits" who were present. It was a very delightful occasion with never a dull moment until the party broke up.

The total registration was 97, of which number 69 were Association members (from this district, 38), 4 were visitors and 24 were ladies. State Association officers present were: Shaler Richardson, president; William C. Thomas, president-elect; Robert B. McIver, secretary-treasurer; Homer L. Pearson, editor of the Journal; Stewart Thompson, managing director. Councilors present were: Herbert E. White, chairman; A. M. Sample, district 7; Elliott M. Hendricks, district 8.

REGISTRATION

Coral Gables: C. R. Burbacher. *Dania*: A. B. Connor. *Ft. Lauderdale*: Robert Blessing, O. C. Brown, Mark Butler, Milton N. Camp, Russell B. Carson, Anna A. Darrow, Frank Denniston, B. A. Dobbins, F. J. Driscoll, L. B. Elliston, R. L. Elliston, Roland F. Fisher, Donald H. Gahagen, E. B. Gill, B. F. Hart, Elliott M.

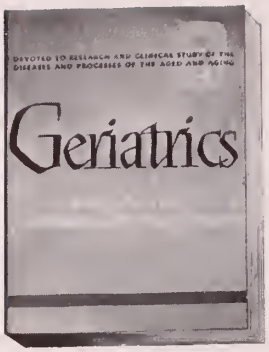


Every day more gynecologic conditions call for Ciba steroid hormones

In an ever-increasing number of female patients, the greatest aid to recovery and normal maintenance lies in hormone therapy. To the long-accepted indications . . . dysmenorrhea, the menopause, primary and secondary amenorrhea, threatened or habitual abortion . . . are being added many common conditions not formerly thought amenable to endocrine therapy. In the important field of the estrogens, Ciba offers the chemically pure and esterified derivatives of α-estradiol, the natural estrogen. Not being metabolic breakdown products, these substances provide highest potency, and further, produce the feeling of well-being not attained by the use of exogenous synthetic drugs.

DI-OVOCYLIN* (α-estradiol dipropionate), **OVOCYLIN*** (α-estradiol)

*Trade Marks Reg. U. S. Pat. Off. and Canada



—Goldzieher, Geriatrics, 1:226, 1946.

"Foremost among the anabolic hormones . . . with respect to its therapeutic usefulness in geriatrics is testosterone. Testosterone is the agent actually responsible for the greater muscular development and power of the male. . . . Distinction in treating males and females is necessary only in respect to dosage, for testosterone should be given to the elderly female within such quantitative limits as to forestall the appearance of signs of masculinization."

PERANDREN

Trade Mark Reg. U. S. Pat. Off. and Canada (TESTOSTERONE PROPIONATE)

This pioneer brand of testosterone propionate provides the esterified male hormone in ampul form for injection. Perandren ampuls are ideal for initiating therapy, as their effect is the most potent of that produced by any of the available forms of testosterone. Medical investigation is continually widening the field of usefulness of Perandren, until its value is now utilized in almost every medical specialty.

METANDREN LINGUETS FOR SUBLINGUAL ABSORPTION

Metandren Linguets—Trade Mark Reg. U. S. Pat. Off. and Canada (Methyltestosterone)

In many cases for which long-continued administration of testosterone is necessary, Metandren Linguets are often found the most convenient and economical medication. This unique Ciba-originated form of the hormone provides the ease of oral dosage with greater efficiency than is possible by ingestion. The Linguet is sublingually absorbed directly into the systemic circulation, by-passing the liver and thus greatly reducing the inactivation known to take place in that organ. Lisser (Cal. & West. Med., 64:177, 1946) states: "The most economical manner, and also efficient way of administering testosterone, is in the form of methyltestosterone, Linguets. . . . This route is two to three times as efficient as when the tablets are swallowed."

CIBA

CORAMINE AMPULS

IN SHOCK· ·IN CARDIAC DYSPNEA

CORAMINE LIQUID

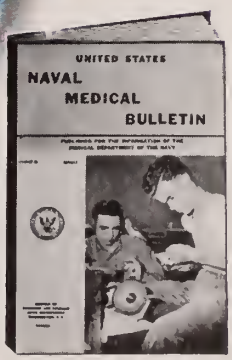
Give intravenous Coramine first, then follow with plasma, is the advice of Gunther[1] on treatment of shock. "There is no contraindication," he states, "for the use of the drug in the treatment of circulatory collapse, in shock from burns, traumatic and surgical shock, or from shock attendant on hemorrhage. The toxicity is very low. Thirty cc. have been given intravenously over a period of 30 minutes with beneficial results in the treatment of severe surgical shock."

CORAMINE FOR ORAL ADMINISTRATION

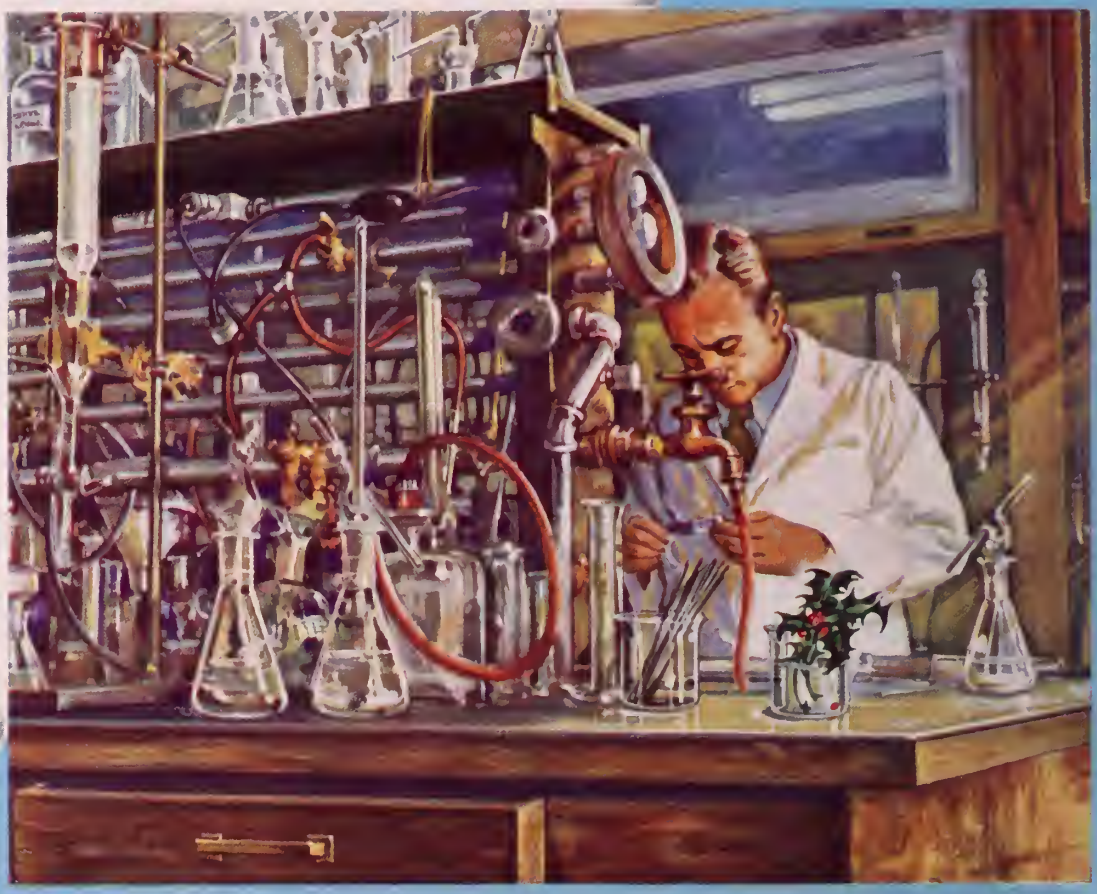
Coramine solution for oral administration has for over 20 years given gratifying results in cases of cardiac disease. Most striking of the results is the favorable action on the respiratory distress of these patients. Coramine orally results in a progressive relief, usually achieving maximal effect in a period of a few days. Brower and Korry (Northwest Med., 35:89, 1936) advise trial of Coramine in all patients subject to anginal attack or presenting other evidence of impaired coronary circulation. The margin of safety of Coramine and its lack of cumulative effect permit its use over extended periods of time.

Coramine—Trade Mark Reg. U. S. Pat. Off. and Canada
(Nikethamide)

CIBA



1. Gunther, L., U. S. Naval Med. Bull., 44:300, 1945.



Holiday Greetings

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT NEW JERSEY

In Canada: Ciba Company Limited, Montreal

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SUBJECT: "YOUR DOCTOR"
AUDIENCE: 23 MILLION PEOPLE

This is the 200th message published by Parke, Davis & Company in the interest of the medical profession. It appears this month in full color in LIFE and other leading national magazines.



Some things you should know about your doctor

No. 200 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.

IN TIMES of distress, almost everyone turns to his doctor. But when things are going smoothly, some people are apt to take him pretty much for granted.

However, if you consider your doctor's service to you and to the country—if you consider the skills he must have, the sacrifices he must make, the hardships he must work under—then it isn't very easy to take him for granted.

To become a doctor usually requires three to four years of pre-medical education, four years of medical school, and another year or more as an interne. But this by no means represents the end of his training.

Do you realize how much time your doctor has to spend in continuing study—so he can bring you the benefits of all the latest medical advances?

During a year the average American doctor devotes the equivalent of about a month to the study of medical books and journals and to attending medical meetings.

It's an old story about how many patients a doctor has to see every day, how much of his time he devotes to charity, how many calls he has to make in the middle of the night. But did you ever think of it this way:

When you leave your office or job, the chances are that you're free from business duties for another day. You can do whatever you feel like—you can dig in your garden, visit friends, have a quiet evening at home with your family, drop in at a movie, or go for a drive. But your doctor's work is never finished. He's always—every waking and sleeping moment—responsible for the patients under his care.

Yes, it takes a lot of things to be a good doctor. It takes physical and nervous stamina. It takes patience. It takes great tact. It takes an understanding of people. It takes sound judgment. It takes unusual scientific and scholastic aptitude. It takes a sympathy for the unfortunate. Above all, it takes a spirit of humanitarianism and a sense of service.

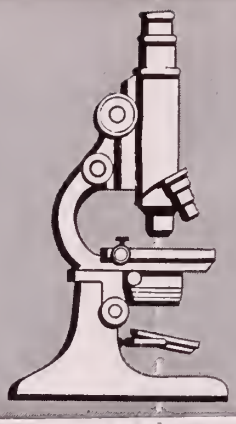
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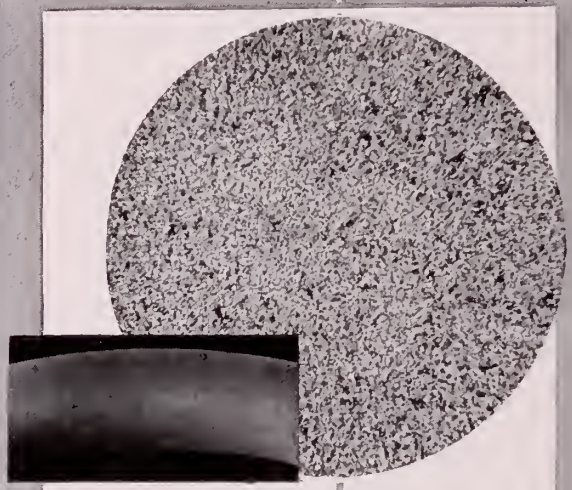
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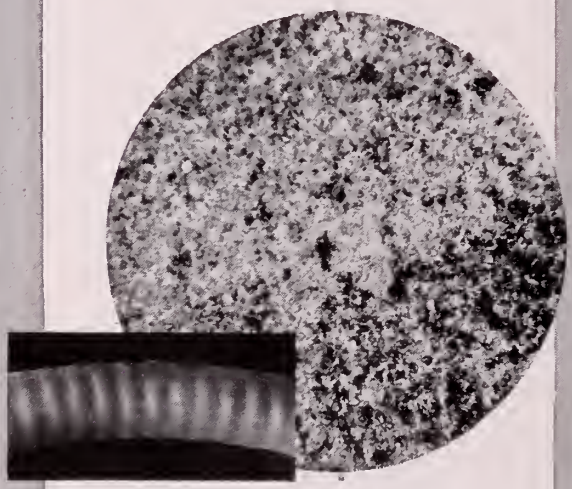
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Visiting doctors—Ft. Lauderdale: Albert A. Shapiro. *Jacksonville*: A. M. Sharp. *West Virginia—Dunbar*: H. H. Fisher.

Other guests—Jacksonville: H. A. Schroder.

Ladies—Coral Gables: Mrs. C. R. Burbacher. *Dania*: Harriet B. Connor. *Ft. Lauderdale*: Mrs. O. C Brown, Mrs Milton N. Camp, Mrs. Frank Denniston, Mrs. R. L. Elliston, Mrs. B. F. Hart, Mrs. M. A. Lovejoy, Mrs. C. A. Peterson, Mrs. F. D. Pierce, Mrs. Paul G. Shell, Mrs. F. Leslie Snyder, Mrs. R. H. Stovall. *Hollywood*: Mrs. Robert H. Farringer, Mrs. R. J. Patterson. *Jacksonville*: Mrs. Robert B. McIver. *Miami*: Mrs. Milton Coplan, Mrs. Herbert Eichert, Mrs. R. M. Oliver, Mrs. Colquitt Pearson, Mrs. Carlton Rentz, Mrs. George Williams, Jr. *West Palm Beach*: Mrs. C. Jennings Derrick, Mrs. J. R. Sory.

COMPONENT COUNTY SOCIETIES

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The regular meeting of this society was held October 8. The guest speaker was Dr. Henry Fuller of Lakeland. He discussed "Pathology and Symptomatology."

DUVAL

At a meeting held recently by this society, Dr. J. G. Lyerly presented a paper on "Surgery of the Sympathetic System." The paper was discussed by Drs. Kenneth A. Morris, Ashbel Williams, Frank Slaughter and Edward Canipelli.

Six doctors were elected to regular membership in the society. They are Drs. J. K. David, Jr., William R. Gatlin, A. Denton Jones, Samuel R. Lamb, Matthew E. Morrow and Karl H. Pribram.

Dr. Claude L. Carter was admitted to membership as a transfer from Pasco-Hernando-Citrus County Medical Society.

Three hospital residents, Drs. Henry L. Smith, Jr., William J. Phelan and Michael Palamar, were elected to associate membership.

Proposed changes in the society's By-Laws regarding the election of delegates to the Florida Medical Association and the election of new members following a probationary period were read.

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Resolutions on the death of Dr. S. A. Morris were read and accepted. Members of the society stood silent for a minute in tribute to his memory.

LEON-GADSDEN-JEFFERSON-WAKULLA-LIBERTY

The regular meeting of this society was held October 24 at the Florida State Hospital, Chattahoochee. The following officers were elected for 1947: president, Dr. W. G. Miles, Chattahoochee; vice president, Dr. Taylor W. Griffin, Quincy; secretary, Dr. G. H. Garmany, Tallahassee.

PASCO-HERNANDO-CITRUS

Dr. and Mrs. S. C. Harvard, Brooksville, entertained the members of this society at their home on Thursday evening, October 10. Dinner was served on the lawn.

Dr. Claude L. Carter was granted a transfer to the Duval County Medical Society.

Guest speakers included Drs. James Cowart, David Murphy and R. G. Nelson of Tampa. Dr. D. G. Bradshaw of Zephyrhills was an invited guest.

Those present were Drs. J. T. Bradshaw, G. R. Creekmore, S. C. Harvard, W. Wardlaw Jones, Jerry Kilpatrick and W. H. Walters .

PINELLAS

The society held its annual meeting at the Essex House on October 3, with Dr. A. M. Feaster presiding. The financial report for the year was read.

Five doctors were elected to regular membership in the society. They are Drs. Harry L. Allen, John H. Cordes, Jr., Douglas W. Hood, Paul T. Kope and Louis R. Marshall.

The following delegates and alternates were elected for the ensuing year: president-elect, Dr. M. E. Black; first vice president, Dr. C. L. Harrington; second vice president, Dr. C. B. Wright; secretary-treasurer, Dr. W. C. McConnell.

Delegates and alternates were elected to the House of Delegates of the State Association as follows: delegates—Drs. W. H. McConnell, A. M. Feaster, W. W. Gable, Jr., J. B. Quicksall, N. M. Marr, C. C. Rudolph, J. A. Bradley; alternates: Drs. W. D. Futch, Jr., H. E. Winchester, Franklin W. Roush, Jr., John Hagood, W. M. Davis, A. L. Mills, V. L. Hagan.

The retiring president presented the gavel to the newly elected president, Dr. J. Braden Quicksall. The past presidential plaque was then pre-



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1. McGavack, T. H.: J. Clin. Endocrinol. 3:71, 1943.

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sented to Dr. A. M. Feaster, who responded in appropriate words of appreciation.

A letter from Dr. Robert B. McIver, secretary-treasurer of the State Association was read, announcing the increase of state dues to $25.00.

VOLUSIA

The Volusia County Medical Society has paid 100 per cent of its dues for 1946. Dr. Evans B. Wood is president of this society and Dr. R. L. Miller is secretary.

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A	Escambia *Santa Rosa	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.	52	51	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6	100%	
A	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	100%	
A	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5	100%	
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	16	100%	
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 8:00 P.M.	39	37	A-2-47 G. Wilmot Brown, M.D. Tallahassee
B	Madison-Suwannec	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9	100%	
B	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	4	100%	
B	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	28	26	B-3-48 Vernon A. Lockwood M.D. St. Augustine
B	Duval *Clay	F. L. Fort, M.D. 201 Medical Arts Bldg. Jacksonville 4	Leo M. Wachtel, M.D 352 St. James Bldg. Jackonville 2	1st Tuesday 8:15 P.M.	213	207	
B	Marion *Levy	Thomas H. Wallis, M.D. 104 S. Magnolia St. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	29	100%	
B	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	7	100%	
B	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	10	100%	
B	St. Johns	H. E. White, M.D. Box 606 St. Augustine	S. R. Cafaro, M.D. St. Augustine	3rd Tuesday 8:30 P.M.	13	100%	
B	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	13	100%	
B	Lake *Sumter	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	17	100%	B-4-47 C. McK. Tyre, M.D Eustis
B	Orange *Osceola	Louis M. Orr, M.D. 311 Exchange Bldg. Orlando	Albert C. Kirk, M.D. 823 E. Colonial Dr. Orlando	3rd Wednesday 8:00 P.M.	115	114	
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B	Volusia *Flagler	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	46	100%	
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Vol. XXXIII JANUARY, 1947 No. 7

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J. G Lyerly

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Webster Merritt

Florida Plan for Veterans Care
An Editorial

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Schedule of Meetings 405



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Established 1890
For the treatment of
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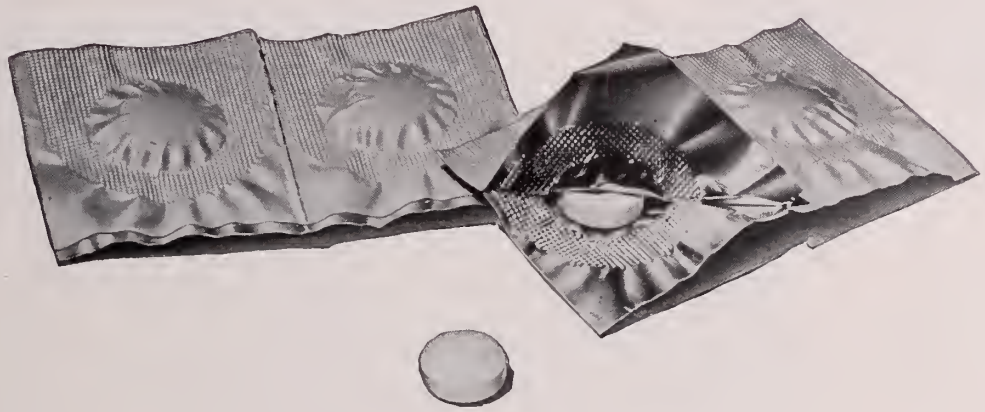
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"Provided enough is used . . . the oral route of administration of penicillin . . . is an effective way to treat infections" . . . requiring "five times as much, on the average . . ."[1] Parenteral medication should be used in the initial stages of acute infections, however, and Tablets Penicillin Calcium may be used effectively in the convalescent period following the remission of fever.

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You can prescribe the precise number of tablets needed without fear of potency deterioration. *Each tablet* of Penicillin Calcium Squibb is *individually* and hermetically sealed in aluminum foil. Economical and convenient. Packages of 12 and 100. Refrigeration not necessary.

1. Bunn, P. A.: in Conferences on Therapy: New York State J. Med. 46:527 (March 1) 1946. 2. György, P.: Evans, K. W.; Rose, E. K.; Perlingiero, J. G., and Elias, W. F.: Pennsylvania M. J. 49:409 (Jan.) 1946.

TABLETS *Penicillin* CALCIUM SQUIBB
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Gerilac basis is milk—nature's most perfect food—modified to provide a high protein and low fat content, with the addition of other dietary factors considered essential in geriatric nutrition . . . so that

Gerilac supplies in one reliquefied pint at least one-third of the protein, a full allowance of each of the vitamins and minerals, and about one-tenth of the calories recommended for daily intake by the Food and Nutrition Board, National Research Council.

Gerilac offers these nutritional values in a palatable, easily consumed and readily digestible form (suitable for use as a beverage or in Special Diets) It also lends itself ideally for the nutrition of convalescents and of pre- and postoperative cases.

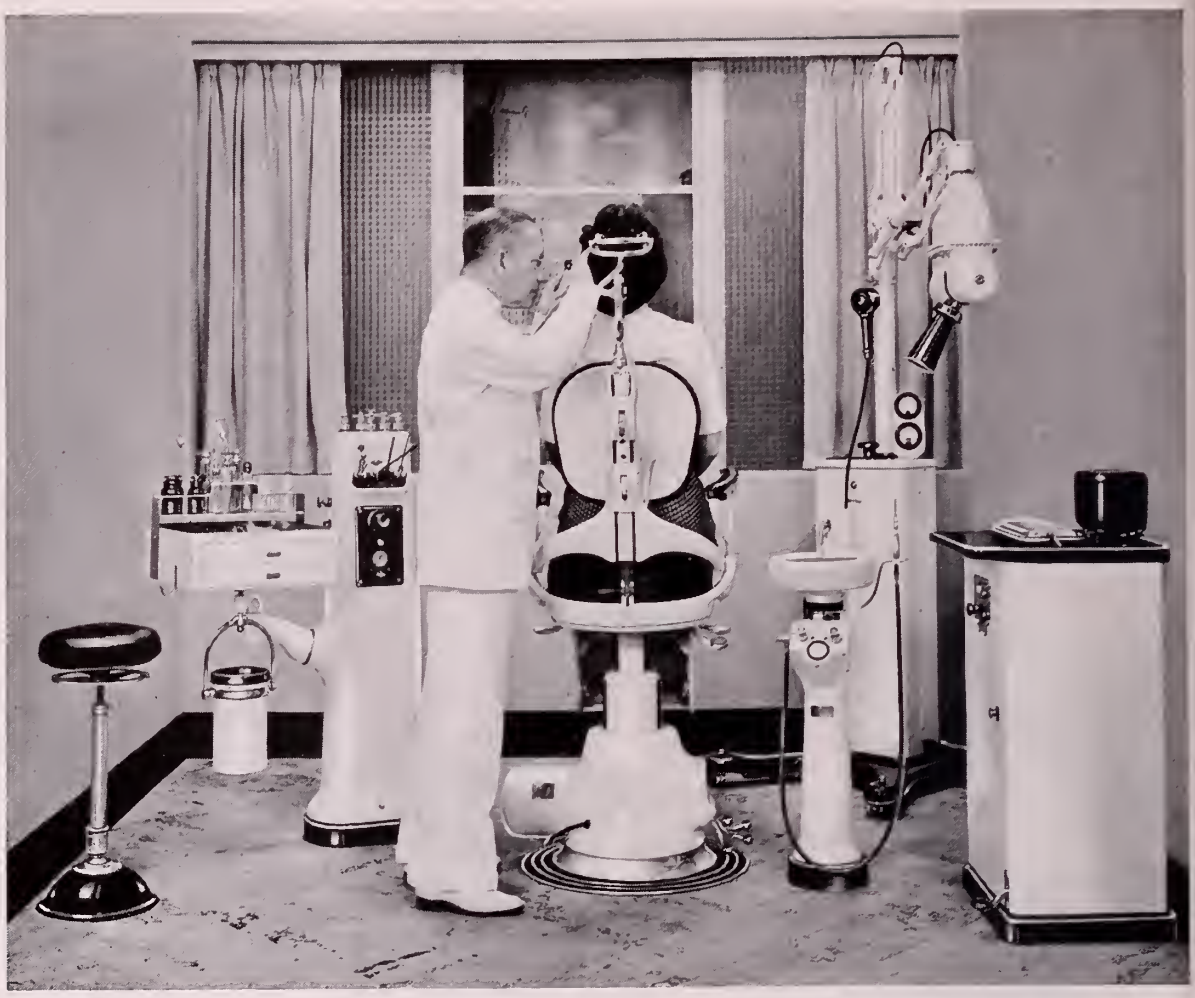
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* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60



PHILIP MORRIS

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In the Early Recognition of Protein Deficiency

Unsupervised dietary curtailment and self-imposed food restrictions, not infrequently observed in elderly patients and in those desirous of preventing weight gain or losing weight, are apt to lead to multiple nutritional derangements. Not the least important among these, and often overlooked, is protein deficiency.

The early symptoms of chronic protein deficiency are vague and lack specificity. Thus they escape detection unless pointedly looked for. Easy fatigability, loss of weight, anorexia, malaise, and a slight pallor due to underlying secondary anemia constitute the most common complaints. A careful history of eating habits usually discloses the true significance of these symptoms.

Detection of the earliest objective sign of protein deficiency—negative nitrogen balance—requires hospitalization for several days, in order that nitrogen intake and excretion can be accurately determined.

Prolonged protein deficiency leads to hypoproteinemia, and is readily recognized by generalized edema and by a serum protein level below the normal 7 to 8 Gm. per 100 cc.

The most dependable and effective means of preventing and correcting protein deficiency is through proper organization of the diet. The recommended intake of 1 Gm. of protein per Kg. of body weight insures nitrogen balance in normal persons. For correction of frank protein deficiency, at least 2 Gm. per Kg. of body weight—and frequently considerably more—is required.

Among the protein foods of man, meat ranks high, not only because of the generous supply of protein it provides, but also because its protein is biologically complete, applicable for the satisfaction of every protein need.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

NO. 7 in Schenley Laboratories' continuing summary of penicillin therapy.

EMPYEMA:
treatment with PENICILLIN SCHENLEY

Penicillin exhibits a marked ability to sterilize pleural effusions whenever the infecting organisms are penicillin-sensitive. It is most effective when administered in large doses during the incipient stages. Patients should be observed carefully for at least two weeks after discontinuance of penicillin therapy to avoid possible recurrence.[1]

In the management of empyema, it is especially appropriate to apply the maxim:

give enough-soon enough-long enough

1. Poppe, J. K.: J.A.M.A. 129: 435 (Oct. 6) 1945



PENICILLIN SCHENLEY. Treatment: Penicillin solution is injected directly into the pleural cavity after aspiration and after irrigation with sterile isotonic salt solution, if necessary. Penicillin should not be used for irrigation. The optimum dose for each injection is 50,000 to 200,000 units in a volume of solution less than the amount of fluid or pus aspirated. The frequency of injections depends on the extent, type, and severity of the infection, and the response to therapy. Treatment should be continued until after the fluid becomes sterile.



Surgical intervention is necessary if fibrin masses or loculation prevent adequate aspiration or if penicillin therapy is ineffective, as indicated by persistence of positive cultures after one week.



SYSTEMIC THERAPY. Systemic use of penicillin is indicated as a supplement to intrapleural therapy particularly where there exists an underlying active pulmonary infection or a bronchopleural fistula.

SCHENLEY LABORATORIES SERVICES:

1. Penicillin Paragraphs for January, dealing with empyema, has been mailed to all physicians.
2. A comprehensive penicillin dosage chart will be mailed to physicians on request.

SCHENLEY LABORATORIES, INC.

EXECUTIVE OFFICES: 350 FIFTH AVENUE, NEW YORK CITY

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(Above) Fitting proctice session at recent CAMP Instructionol Course

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With infant mortality at its highest during the first month of life, the fewer the burdens on the baby's endurance, the firmer will be his grip on life. And gastro-intestinal upset, colic and diarrhea can be heavy burdens for an infant.

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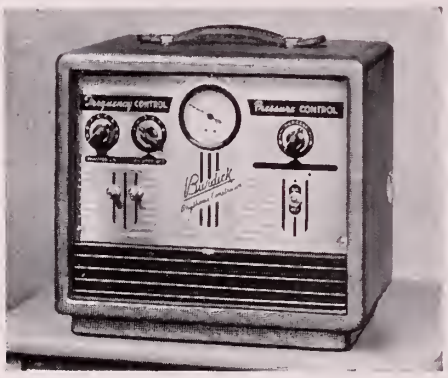
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Is of established value in treating the following conditions:

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Meet Every Condition

The Burdick Zoalite meets an important need in the office and for your patients at home. This makes it the choice of many doctors. It has patented single bar generator, providing even penetration and eliminating hot spots.



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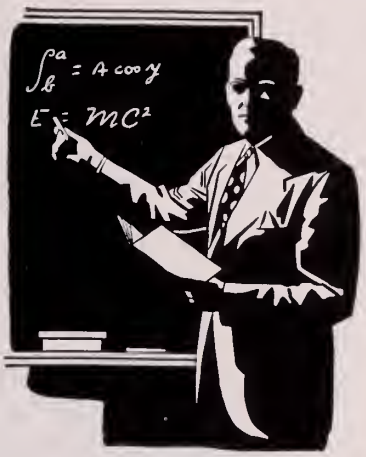
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JACKSONVILLE *TAMPA* *ST. PETERSBURG*



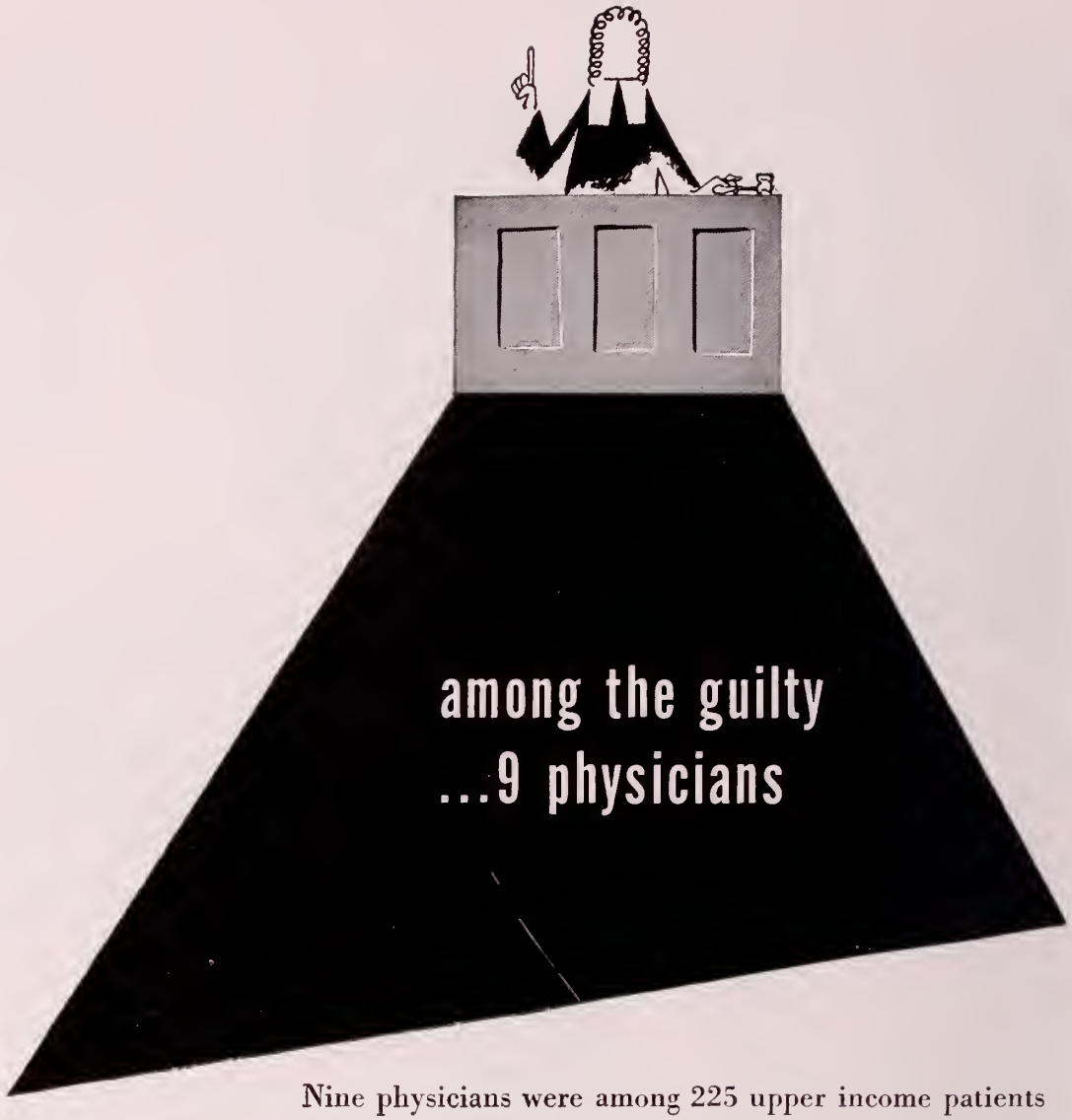
Molder of Minds

Dietary Dub!

His diet is balanced, *yet he is a borderline vitamin deficiency case.* Like many others whose occupations are sedentary and who take little exercise otherwise, his caloric requirements and appetite are so small that he simply does not eat *enough* food to supply adequate quantities of the protective factors. As a result his case record has taken its place in his physician's file along with those of all of the other varieties of dietary delinquents: the ignorant and indifferent, patients "too busy" to eat properly, those on self-imposed and badly balanced reducing diets, excessive smokers, alcoholics, and food faddists, to name but a few. First thought in such cases is dietary reform, of course. But this is often more easily advised than accomplished. Because of this, an ever-growing number of physicians prescribe a vitamin supplement in every case of deficiency. If you're one of these physicians—or if you prescribe vitamins only rarely—consider the advantages of specifying an *Abbott* vitamin product: Quality—Certainty of potency—A line which includes a product for almost every vitamin need—And easy availability through pharmacies everywhere. Abbott Laboratories, North Chicago, Ill.

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Nine physicians were among 225 upper income patients found guilty of diets wanting in one or more vitamins. Low-vitamin diets are not restricted by income or by intelligence.[2] Greater assurance of adequate vitamin maintenance is available in potent, easy to take, and reasonably priced Upjohn vitamin preparations.

1. New England J. Med. **228**:118 (Jan. 28) 1943.
2. J. A. M. A. **129**:613 (Oct. 27) 1945.

Upjohn
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FINE PHARMACEUTICALS SINCE 1886

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to combat

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Many patients suffering from persistent pain are subject to attacks of depression characterized by deep apathy and emotional exhaustion. Thus, pre-existing neurotic tendencies may be exaggerated and the pain threshold progressively lowered.

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Physicians now may obtain adequate supplies of this remarkable new antibacterial agent, without restriction, from their local pharmacists and hospitals.

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RESOLUTION—THAT WE SHALL EXERT EVERY EFFORT IN 1947 TO MANUFACTURE PRODUCTS THAT ARE EVEN MORE WORTHY OF YOUR CONFIDENCE AND TO MARKET THEM ONLY THROUGH ETHICAL CHANNELS.

WE, OF THE TABLEROCK LABORATORIES SINCERELY HOPE THAT YOU AND YOURS WILL BE ON THE RECEIVING END OF EVERY HAPPINESS THAT 1947 HAS TO OFFER.

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VIOFORM INSUFFLATE CONTAINS BORIC AND LACTIC ACIDS, ZINC STEARATE AND LACTOSE. VIOFORM INSERTS CONTAIN LACTIC AND BORIC ACIDS.

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AVAILABLE IN TABLETS OF 1/2 AND 1 1/2 GR., ORAL SOLUTION, AND IN AMPULS.

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SUMMIT, NEW JERSEY

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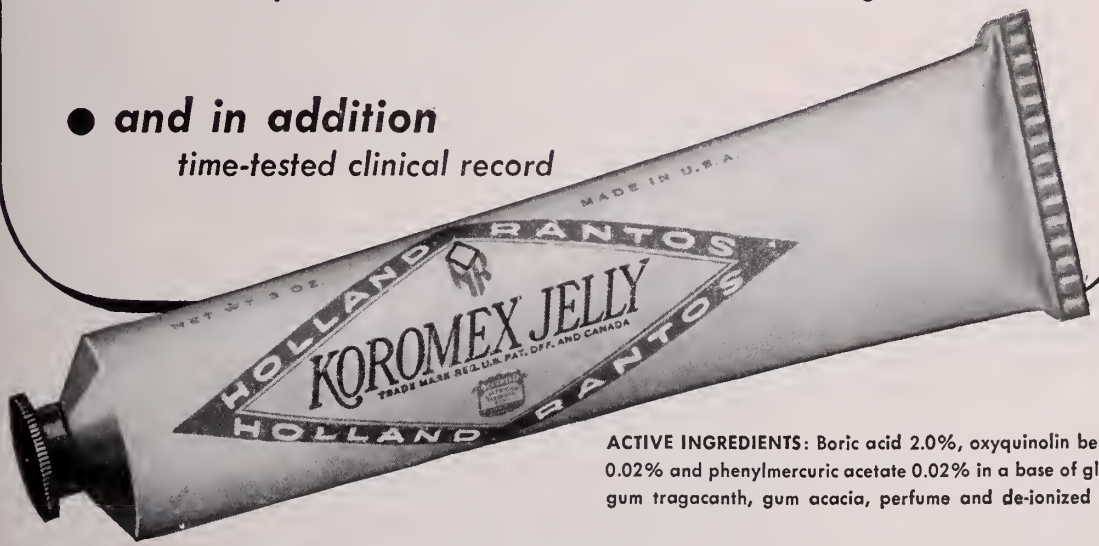
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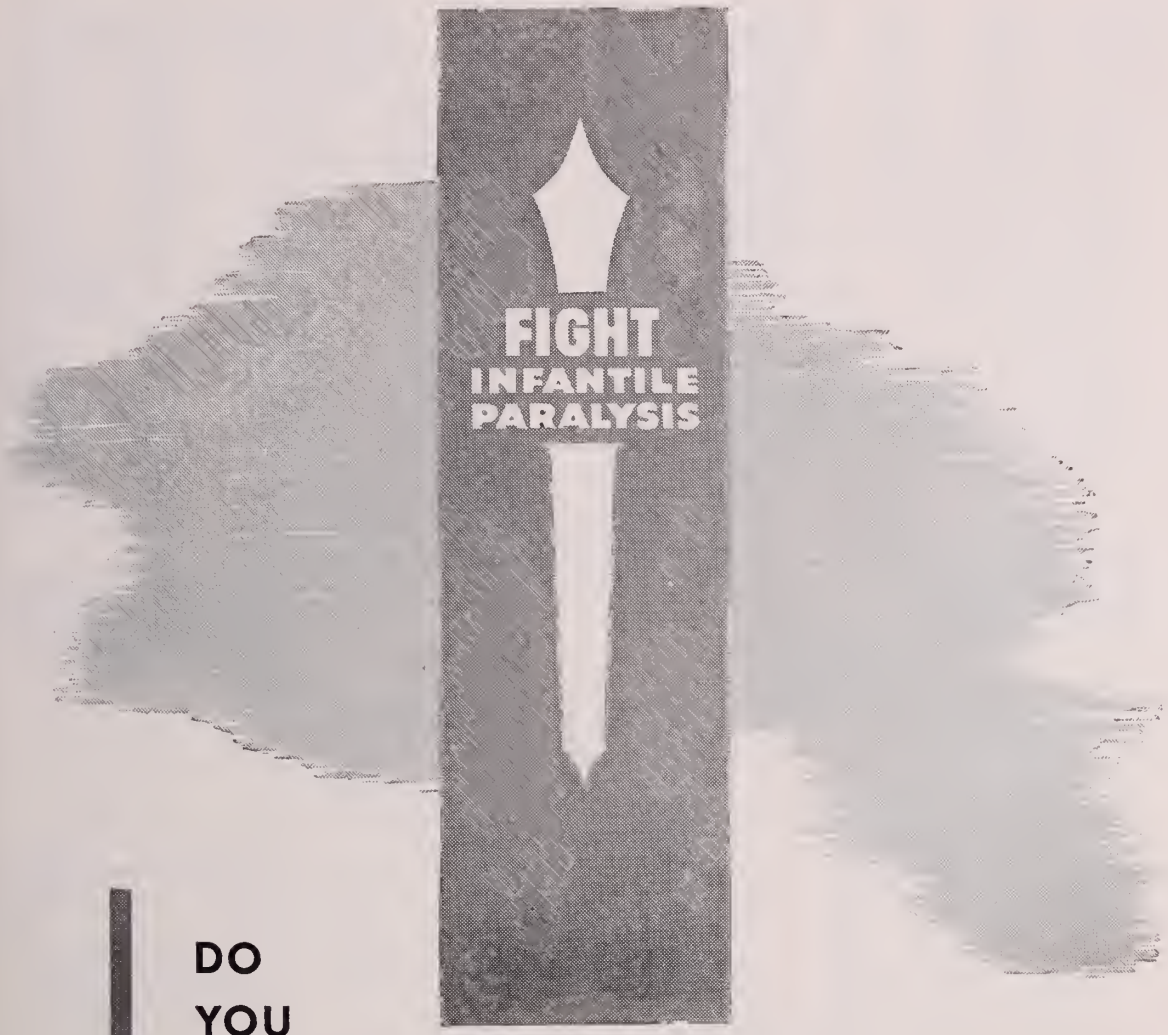
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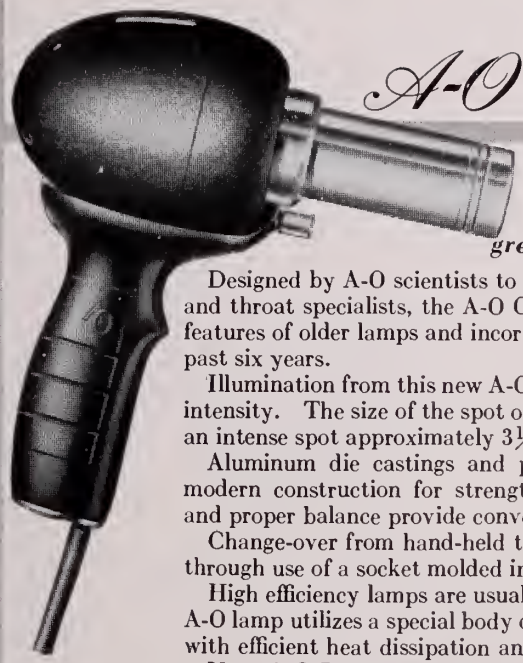
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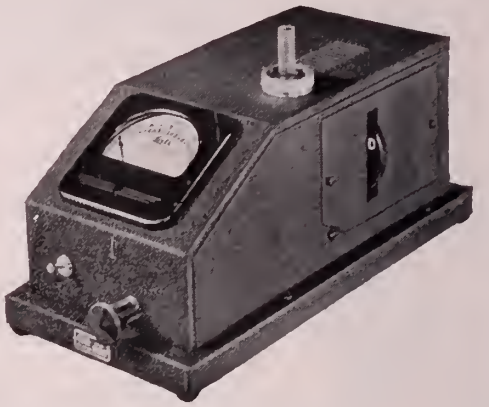
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DISLOCATED INTERVERTEBRAL DISK OF THE LUMBAR REGION

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JACKSONVILLE

The treatment of dislocated disks was first started and described by Mixter and Barr[1] in 1934. Credit should be given to them for first describing the true nature of the pathologic condition which has come to be recognized as the most frequent cause of sciatica. Before this time, disk cartilage material was removed from the spinal canal through laminectomy and was regarded as a chondroma or enchondroma, both of which were believed to be true cartilage tumors. It was described by writers on tumors of the spinal cord such as Dandy,[2a] Elsberg,[3] Stookey[4] and others. These anterior cartilaginous masses which were removed from the spinal canal were really midline disk protrusions compressing the cord or cauda equina and they produced symptoms similar to those of tumors of the spinal cord. They were removed from the lumbar and cervical regions, and a few were removed from the dorsal region. It was not until after 1934, then, when Mixter and Barr[1] described the posterolateral protrusion or herniation of the intervertebral disk cartilage which compresses the neighborhood nerve roots, that this syndrome was recognized as being the frequent cause of sciatica.

It might be mentioned in regard to the anatomic nature of the intervertebral disk that the peripheral portion represents the fibrous capsule, which is firm but somewhat elastic, and it represents the outer casing, so to speak, of an interior softer, more or less gelatinous cartilaginous mass, which is known as the nucleus pulposus. The outer limiting membrane is known as the annulus fibrosus, and there are layers of hyaline cartilage between this membrane and the nucleus pulposus. Schmorl[5] in 1927 described herniation of the nucleus pulposus in the spongy portion of the vertebral bodies. This is of interest from the anatomic standpoint, but herniation in the spongy portion of the bone seldom produces neurologic manifestations which require neurosurgical treatment.

Midline protrusions of cartilage posteriorly are not frequent because of the thickness and strength of the posterior longitudinal ligament which is located in the midline and spreads out over the posterior portion of the disk. The lateral portion of the disk posteriorly is a weaker portion, and this is probably the reason that the most frequent herniation occurs at this point. This happens to be the place where the nerve root passes through the intervertebral foramen. At the lower margin of the intervertebral foramen are located the intervertebral disk anteriorly and the ligamentum flavum posteriorly. The nerve root corresponding to the intervertebral disk passes through the intervertebral foramen and is seldom implicated by the protrusion of the disk cartilage at this particular interspace. The nerve root entering the intervertebral foramen below is more apt to be involved. Likewise, the nerve roots making exits lower down might be involved in more mesially placed disks. This explains the reason that the fifth lumbar nerve root receives most of the compression in herniation of the fourth lumbar disk while at the level of the fifth lumbar disk the first sacral root is the one that is involved.

DEFINITION

This clinical syndrome is known by various names such as dislocated intervertebral disk, herniated intervertebral disk, or ruptured nucleus pulposus. The better nomenclature would be dislocated intervertebral disk without rupture of the annulus fibrosus, or dislocated intervertebral disk with rupture of the annulus fibrosus. These latter terms represent one of two conditions which one is apt to find at operation. The degree of herniation of loose cartilage varies in individual cases. In some cases there is a knuckle-like elevation with fluctuation of the intervertebral disk cartilage just beneath the involved nerve root, which may be stretched over the swelling. The capsule or annulus may be tremendously stretched, but intact. When the capsule is incised, cartilage material protrudes under its own pressure. In some cases the annulus has already ruptured, and edematous cartilage material lies just beneath the nerve root. When the condition is of milder degree, one may find only slight swelling and fluctuation of the disk cartilage, but there is abnormal mobility of the vertebra, which can be demonstrated by forceful manipulation of the

Read before the Hillsborough County Medical Society, May 7, 1946.

spinous process as described by Dandy[2]. This abnormal movement may increase the protrusion or herniation of loose cartilage material in the disk cavity. This is the type of case which requires thorough curettement of the disk cavity so as to remove all the loose and displaced cartilage elements.

In most of the cases the dislocated intervertebral disk is located at the fourth or fifth lumbar interspace. It is the experience of most of the men who have written on the subject, such as Love,[6] Bradford and Spurling,[7] Semmes,[8] Dandy[2b] and others. The fourth and fifth lumbar disks are involved about equally, and both of these disk spaces constitute from 95 to 98 per cent of all dislocated intervertebral disks. The third lumbar disk is occasionally involved, probably in somewhere between 2 and 5 per cent of the cases. At higher levels, that is the upper lumbar or dorsal region, involvement is rare. Dislocation of cervical disks may occur next in order of frequency to that of the lower lumbar disks. There have not been a sufficient number of cervical disk cases reported to indicate what the frequency would be in comparison with that of cases in which the lower lumbar disks are involved. This paper deals with lower lumbar dislocated disks, and the cervical disk problem will not be further discussed at this time.

ETIOLOGY

In most of the cases surgeons have come to recognize the cause of these dislocated cartilages as injury, strain or trauma. They are of the opinion that the intervertebral disk may be injured, or the annulus fibrosus damaged or even torn by such acts as heavy lifting while bent forward or in a strained twisted position. Sometimes there is a fall in which the patient's feet slip out from under him and he falls on one hip, or sits down hard on both buttocks. Sometimes there is a misstep in which one foot falls through a hole in the floor, or one may make a misstep off the curbing. Lifting objects in a bent twisted position out of a car may cause trauma sufficient to allow herniation of cartilage. It is believed that in some cases there may be disease which may result in weakness of the annulus fibrosus and that slight trauma later may cause slipping of cartilage. While one looks for acts of trauma or strain in the history of the patient, it is not unusual to get no history of injury at all. The absence of a history of trauma does not, however, rule out dislocated intervertebral disk.

HISTORY

In getting the story of the patient's illness, one invariably gets the history of recurrent attacks of lumbago or low back pain. This may or may not be associated with sciatica. One may obtain a history of lumbago following injury or low back strain. It is not unusual for this low back pain to go on for several years and to be of recurrent nature. One invariably finds low back pain in the midline, or it may be on one side. The attacks may occur for years until finally there develops sciatic pain which is diagnosed as sciatica. It is not unusual for low back pain to occur only for a few days before sciatica develops, and sometimes the two conditions occur about the same time. In nearly all of these cases the lumbago and sciatica can be traced to some trauma such as heavy lifting or a fall, as previously mentioned. A typical example would be a history of a stinging pain or snap as if something had been torn loose in the lower back while the patient was doing heavy lifting. Some patients state that they could hear a snap or something tearing in the lower back, but this statement is unusual. As mentioned before, there are some cases with no history of strain or fall which might have caused the condition.

SYMPTOMS

As already stated, the most frequent symptom, and usually the first one of which a patient complains, is low back pain or lumbago. This may be in the midline of the lower back or to one side. It is frequently more severe on one side and may spread out towards the sacroiliac joint. In many of these cases there is a diagnosis of disease of the sacroiliac joint. As the nerve root becomes involved, the pain radiates down the sciatic nerve, usually on one side; occasionally there may be bilateral sciatic nerve pain. In the majority of cases it is worse on one side, in which the pain goes all the way to the calf or foot, while it is only in the region of the hip or upper thigh on the opposite side. It makes no difference whether the disk is at the fourth or fifth lumbar interspace so far as the type and character of the pain in the sciatic nerve are concerned. The pain may be described as being of burning or stinging nature, or it might be electric-like in character. The pain passes down the posterior and lateral aspect of the thigh and calf to the ankle and foot.

It is not unusual for the patient to state that there are certain symptoms such as numbness, tingling or paresthesias in special locations, especially on the lateral aspect of the ankle or foot. The

distribution of these sensory changes will depend more or less on the nerve involved, which will be described later. One expects to find pain on coughing, sneezing and straining and sometimes on laughing and even breathing. These acts raise intradural pressure which can be transmitted through the spinal fluid column, thereby increasing tension on the already stretched nerve root and causing severe rootlike pain in the lower back, hip or leg. Pain is invariably aggravated by weight-bearing on the affected leg or pressure on the hip, as that caused by sitting in a chair or lying on the affected side in bed. The patient always protects this side to the extent that he may refuse to put all his weight on the affected foot in walking. Patients with this dislocation invariably have to change position frequently; in consequence, it is seldom that they get relief by lying in bed any length of time. Some patients state that they have to sit up in a chair to sleep at night or must frequently change position.

FINDINGS

In nearly all cases of dislocated intervertebral disk of the lumbar region there is a considerable amount of muscle spasm in the spinal group of muscles, especially in the lower lumbar region. It is not unusual to see the spine listing to one side when the patient is asked to stand erect. The affected hip is held higher than the other so that there is a tilt of the pelvis, and as one views the patient from the back, the lumbar region is seen to list to one side, frequently with convexity to the opposite side, but the reverse may be the case. One can see flattening of the gluteal fold on the affected side. There is limitation of motion of the spine in all directions, but there is frequently more limitation by lateral bending to the affected side or hyperextension, since these acts would tend to increase herniation and narrow the disk space on the affected side. Tenderness on deep pressure over the affected spinous processes, usually the fourth or fifth lumbar, is present. Pressure just lateral to the spinous processes or over the intervertebral space affected may cause pain to radiate down the leg. As one palpates down the course of the sciatic nerve in the posterior part of the thigh, the patient complains of extreme tenderness. In some cases there are motor weakness and definite atrophy of the muscles of the calf and sometimes of the thigh. The weakness more frequently involves the anterior tibial and peroneal group of muscles while the posterior tibial group may also be involved. The atrophy may be demonstrated by measurement of the circumference of the calf or thigh at corresponding levels on the two sides.

Sensory changes may be demonstrated in the majority of cases. These may be in the nature of hypesthesia or hypalgesia on the lateral or anterior aspect of the foot or of the calf. Occasionally they can be demonstrated on the lateral or posterior aspect of the thigh including the region of the buttocks. The location of the sensory change will depend on the dermatome involved. Instead of hypalgesia one sometimes finds hyperalgesia as brought out by the dragging of a pin point over the surface of the skin. The Kernig and Lasegue signs are usually present on the affected side. Some examiners prefer to use the straight leg test with flexion at the hip joint. The Lasegue test is similar to the Kernig except that the foot is sharply dorsiflexed, which maneuver puts the sciatic nerve on extra tension. Occasionally the Kernig and Lasegue tests give positive results on the opposite side, but pain may be referred to the affected side. Of great importance in the diagnosis is the Naffziger sign, which is brought out on jugular compression, bilateral. This is frequently brought out better with the patient standing up, using compression of both jugular veins for about two minutes. When this test gives a positive result, it causes pain to radiate down the affected leg, which is pathognomonic of pressure. Sometimes bending the head forward will cause pain to radiate down the affected leg. This may be considered confirmatory evidence of nerve root pressure. There may be certain reflex changes such as an absent or diminished Achilles tendon reflex on the affected side. This is usually present when the fifth lumbar disk is involved. Both the knee and Achilles tendon jerks may be active and equal on both sides, especially when a fourth lumbar disk is involved. With diminished or absent knee jerks one looks to the third lumbar disk as a possible source of herniation.

LABORATORY FINDINGS

Roentgen examination of the lumbosacral spine may or may not show change. There may be narrowing of the intervertebral disk space at the affected level, or it may be narrowed more to one side than the other. As a general rule one finds in a lateral view a straight lumbar spine with obliteration of the normal lumbar lordosis. On anteroposterior views there may be scoliosis caused by muscle spasm if not contributed to by displaced

cartilage on one side. It is not unusual for roentgen examination to give essentially negative results. It is important that roentgenograms be made previous to operation in all cases so that gross bony pathologic change and deformity such as spina bifida occulta, fractures, spondylolisthesis or bony tumors can be ruled out.

Examination of the spinal fluid is sometimes done, especially in the atypical cases or when one may suspect a tumor of the spinal cord. It is routine to measure the spinal fluid pressure with manometers and use the Queckenstedt test to determine whether or not there is spinal block. As a rule with dislocated disks which are laterally placed, there is no spinal block, and the spinal fluid is clear and colorless. If there is midline herniation or an intraspinal tumor, there may be complete blockage of the spinal fluid, which would cause a positive Queckenstedt sign, and one may find yellow or xanthochromic fluid. The cell count is seldom changed with a dislocated disk while the protein content is frequently increased. The higher percentage of protein in the spinal fluid would be present in cases in which there is almost complete blockage of this fluid.

In early cases of dislocated disk it was considered advisable to use contrast mediums such as lipiodol in the diagnosis of dislocated disk. In more recent years, mostly from clinical experience, it is believed that the condition can be diagnosed without the use of contrast mediums in the spinal canal. It is not unusual for lipiodol or pantopaque to hang up at certain points and give one a false impression of obstruction. On the other hand, an extremely laterally placed disk, especially at the level of the fifth lumbar disk, may be far removed from the dural sac containing the spinal fluid column and may not be demonstrated as a defect in the iodized oil column. In early cases lipiodol was used; it is a heavy iodized oil requiring a large needle to insert it as well as to remove it by aspiration. The latter is not always successful. Pantopaque is an iodized oil of less viscosity; it can be injected with a 19 or 20 gauge needle and more completely aspirated and removed at the end of the examination. For that reason pantopaque is almost exclusively used today as a contrast medium in the diagnosis of intraspinal obstructive lesions. Air and oxygen intraspinally were used in some clinics and are probably still used today. They are not nearly as diagnostic as a contrast medium as pantopaque. This medium has the advantage of being absorbed completely within a day or two. Pantopaque has the advantage over lipiodol in that it may be absorbed gradually over a period of months even though all of it cannot be aspirated.

SYMPTOMS OF A DISLOCATED FIFTH LUMBAR DISK

One cannot always predict accurately the level of the disk involved before operation, but one may determine it in the majority of cases by the train of symptoms and findings the patient presents. When the dislocation is at the level of the fifth lumbar disk, sensory disturbance such as numbness or hypalgesia may be located over the posterior and lateral aspect of the calf and foot and over the lesser toes of the foot. This disturbance occurs because of involvement chiefly of the first sacral root. In nearly all cases absent or diminished tendo achillis reflex is present. There is tenderness on deep pressure which may be noted over the fifth lumbar spine or just lateral to it over the fifth lumbar disk space on the affected side.

SYMPTOMS OF A DISLOCATED FOURTH LUMBAR DISK

With involvement at the level of the fourth lumbar disk, the numbness and paresthesias may be on the anterolateral aspect of the calf and foot, and sensory changes as described may occur towards the big toe from involvement of the fifth lumbar nerve root. Tendon reflexes such as knee and Achilles may be active and equal on the two sides. Tenderness in the spine may be at the level of the fourth lumbar spine or just lateral to it on the affected side.

SYMPTOMS OF A DISLOCATED THIRD LUMBAR DISK

When there is involvement of the third lumbar disk, the sciatica and pain, together with sensory changes, may be present on the front of the thigh extending towards the inner aspect of the calf and foot. They are due to involvement of the fourth lumbar nerve root. The Achilles tendon reflex on the affected side is usually absent or diminished while tenderness is over and lateral to the third lumbar spinous process.

DIFFERENTIAL DIAGNOSIS

There are other conditions than dislocated disks which may cause pain in the distribution of the sciatic nerve. The frequency of dislocated disk as the cause of sciatica as compared with other conditions is described as about 90 per cent.

In other words, given a case of sciatica, the chances are nine out of ten that the cause is dislocated disk. One frequently sees patients with low back pain or with pain in one hip or thigh without true sciatic pain which is due to conditions other than dislocated disk. It will be possible to mention only a few conditions which may have to be differentiated from dislocated intervertebral disk.

True Sciatic Neuritis, which is a definite clinical entity due to infection with cellular infiltration in the sheath of the sciatic nerve, is believed to occur more rarely now that was thought several years ago. In fact, most of the cases of dislocated disk today were previously reported as sciatic neuritis. If there is evidence of multiple nerve involvement over the body in addition to that of sciatic neuritis, especially if associated with infectious disease, the diagnosis may be in favor of true neuritis.

Spinal Cord Tumors, especially tumors of the cauda equina, sometimes cause symptoms which may simulate sciatica. Nearly every neurosurgeon has found a small tumor involving the sheath in the cauda equina causing pain down one leg and frequently down both legs. As a rule with tumors bilateral signs rather than unilateral symptoms are present, and in these cases there is involvement over a greater distribution of nerves than would be the case with a unilateral displaced intervertebral disk. Midline displaced disks more closely simulate spinal cord tumors than a disk laterally placed.

Metastatic Tumors of the spine frequently give unilateral nerve root pain and symptoms, depending on the level of the metastatic process. This syndrome is especially observed in persons over 50 years of age, and one should investigate thoroughly the spine on roentgen examination and obtain careful history of possible malignant disease of organs of the body such as the prostate gland.

Peripheral Neuroma involving the sheath of the sciatic nerve may be the cause of pain and neurologic signs. It is important that the course of the sciatic nerve be palpated so as to disclose any neuromas or other abnormal swelling.

Osteoarthritis may be the cause of root pains in the sciatic nerve distribution in a good number of cases, especially in persons of the older age group. Undoubtedly bony spurs may occur at the intervertebral foramen which cause irritation and pain along the course of the sciatic nerve root. On the other hand, it is not always easy to make a diagnosis indicating that the osteoarthritis as evidenced by roentgen examination is the only cause of the patient's pain. Bony changes which may be described as chronic arthritis by the roentgenologists are observed in most examinations of the spine. The presence of arthritic changes does not necessarily rule out dislocated disk. One has to take into consideration the patient's age, bony changes indicated by roentgen examination and clinical symptoms and findings in order to make a diagnosis in certain cases.

Spondylolisthesis with defect of the laminal arch may be a frequent cause of nerve root pressure and pain in the sciatic nerve distribution. It is not unusual to see dislocated disk associated with spondylolisthesis, which may be the cause of weakening or damage to the disk capsule allowing herniation of loose cartilage material. It is important that this condition be diagnosed before operation for dislocated disk because a spinal fusion or bone graft operation may be required in most cases of this type.

Sacroiliac Joint Disease may cause pain in the region of the lower back and hip or thigh. It is seldom that the pain extends all the way down to the ankle or foot.

Hip Joint Disease may cause pain in the region of the hip and thigh. Likewise, the pain does not radiate to the foot or ankle, and there is no evidence of nerve involvement. There is limitation of motion in the hip, which is characteristic of this disease.

Pelvic Disease and Tumors, especially in women, may be the cause of pain down one leg and in the region of the hip and back. These conditions are, however, not typical of nerve root pressure, and usually pelvic examination by a qualified gynecologist discloses pelvic pathologic change.

TREATMENT

One may divide the treatment of dislocated disks into two headings, nonsurgical and surgical. In the first case, or nonsurgical, the treatment carried out is usually based on the principle of rest or fixation of the lower spine. The rest of the lower spine may be obtained best by absolute bed rest on a firm, unyielding surface such as one with boards under the mattress. Following acute injury or strain, this is the method of treatment of choice. Since ligamentous injury without protrusion of the dislocated disk and nerve root pressure will probably be relieved by absolute rest, it

is considered best for the patient to be treated with bed rest or some form of fixation of the lower spine for at least two weeks before he is submitted to operation for dislocated disk in the acute cases. If the patient is not relieved by orthopedic measures and fixation, then surgical treatment may be instituted. It is not the purpose of this paper to deal with nonsurgical methods such as physiotherapy, manipulation and various other orthopedic appliances.

If these treatments have failed after having had sufficient trial and the diagnosis of choice is dislocated disk, surgical treatment should be advised without hesitation. The operative procedure involves little risk and is not disabling or crippling since little and sometimes no bone is removed at operation. Frequently the lower margin of two laminas may be resected, but this is not a weight-bearing part of the spine, and the procedure does not weaken the spine in the least. Operation is done through a partial hemilaminectomy. The loose cartilage can be removed by retracting the nerve root and dura mesially. Sometimes the opening in the annulus fibrosus has to be enlarged to admit the curette or suitable forceps to extract all the loose pieces of cartilage material from the disk cavity. As mentioned previously, at every operation at least two disk spaces are always examined, namely the fourth and fifth lumbar, and in increasing numbers of cases herniated disk cartilage may be found at more than one disk interspace. The anesthetic of choice depends on each surgeon. In most cases the anesthetic used is sodium pentothal, with inhalation of oxygen and a small amount of nitrous oxide. This gives the most pleasing results, as expressed by patients who have been operated on, and immediate postoperative recovery is smoother, without nausea or impairment of appetite. In some cases a local anesthetic is administered, especially to patients with an excessive amount of extremely fatty tissue and to stout persons who would naturally take a general anesthetic poorly. Some clinics prefer spinal anesthesia, but it is believed that a local anesthetic can be employed just as satisfactorily, and some patients object to the use of spinal anesthesia.

RESULTS AND PROGNOSIS WITH SURGERY

It is believed that patients with a dislocated disk syndrome who are disabled and suffering severe pain over a period of time should be operated on to get the most complete relief. The relief from pain is immediate in the majority of cases. As the patient wakes up from the anesthetic, he immediately says the old pain has gone. It is best to keep the patient in bed ten or twelve days postoperatively, but occasionally a patient will insist on getting up earlier. He is usually discharged from the hospital two weeks after operation, at which time he is able to be up and walking. It is the general rule to allow patients to return to work about six weeks after operation. In a few cases patients can return to work after four weeks since the feeling of recovery is so complete they do not see any need for waiting six weeks.

Patients are invariably given instructions to avoid extremely severe bending, stooping and lifting for the first three months. In some cases it might be best that heavy lifting be avoided for a longer period of time.

Analysis of all the cases in which the patient was operated on is not included in this paper; so the percentage of recovery cannot be given at this time. It is hoped that this can be given at a later time. As a general rule, patients making the best recovery are the ones who have nothing to be gained by being sick or disabled. This is especially true in insurance and compensation cases. No matter how well one may give physical relief to a certain type of person who is on compensation disability, it does not necessarily mean that this patient will return to active employment after the relief has been given him.

REFERENCES

1. Mixter, W. J., and Barr, J. S.: Rupture of the Intervertebral Disc with Involvement of the Spinal Canal, New England J. Med. **211**:210-215 (Aug. 2) 1934.

2. Dandy, W. E.: (a) Loose Cartilage from an Intervertebral Disk Simulating Tumor of the Spinal Cord, Arch. Surg. **19**: 660-672 (Oct.) 1929; (b) Treatment of Recurring Attacks of Low Backache Without Sciatica, J. A. M. A. **125**: 1175-1178 (Aug. 26) 1944.

3. Elsberg, C. A.: Diagnosis and Treatment of Surgical Diseases of the Spinal Cord and Its Membranes, Philadelphia, W. B. Saunders & Co., 1916.

4. Stookey, B.: Compression of the Spinal Cord due to Ventral Extradural Cervical Chondromas; Diagnosis and Surgical Treatment, Arch. Neurol. & Psychiat. **20**:275-291 (Aug.) 1928.

5. Schmorl, G.: Die pathologische Anatomie der Wirbelsaule, Verhandl d. deutsch. orthop. Gesellsch. **21**:3-41, 1927.

6. Love, J. G.: Protruded Intervertebral Discs, with Note Regarding Hypertrophy of Ligamenta Flava, J. A. M. A. **113**: 2029-2034 (Dec. 2) 1934.

7. Bradford, F. K., and Spurling, R. G.: The Intervertebral Disc with Special Reference to Rupture of the Annulus Fibrosus with Herniation of the Nucleus Pulposus, Springfield, Charles C. Thomas, 1941.

8. Semmes, R. E.: Diagnosis of Ruptured Intervertebral Disc Without Contrast Myelography and Comment upon Recent Experiences with Modified Hemilaminectomy for Their Removal, Yale J. Biol. & Med. **11**:433-435 (May) 1939.

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THE HISTORY OF CIVILIAN MEDICAL CARE IN KEY WEST UP TO 1945

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In the course of analyzing documentary data pertaining to the Marine Hospital[1] of Key West, Fla., during 1943, evidence was obtained to substantiate the fact that hospital and medical aid for the civilian inhabitants had been more or less limited for over a hundred years. Several factors were held accountable for the situation: the city government frequently did not have funds available to provide medical aid for the poor; political expediency sometimes prohibited the establishment of domiciliary organizations; the medical society often did not function as a progressive unit; and during periods of economic depression limitation of business interests and frequent lack of employment produced a greater preponderance of destitute among the populace as compared to other communities of similar size. Disagreement had been reported within the medical profession, as well as without, in decades past. The citizens occasionally voiced their dissatisfaction against some physicians and the lack of proper facilities for hospitalization. On the other hand, they were generally not interested enough to offer and see through corrective measures needed to improve the situation.

In the writing of this historical survey, the antecedent background of present day civilian medical conditions has been recorded from the year 1828 when Key West became a town. A chronologic story has been presented so far as available material allows. It is impossible in the nature of the case to obtain all the data.

Until 1831, there was no record of any physician practicing in Key West. Previously, consultation was either unobtainable, or assistance was tendered by Army or Navy surgeons stationed on the isle. The first of these was Dr. Thomas Williamson, who served as hospital surgeon from April 8 to Oct. 21, 1823. In 1831, Dr. B. B. Strobel, who held the position of Army post surgeon, opened an office in the village.[2] He advertised in the weekly newspaper as a physician who "keeps on hand a constant and fresh supply of genuine drugs and medicines." How long he continued to practice in the community remains equivocal.

From 1830 to 1834, people on the Continent gained the impression that Key West was unhealthful. The rumor discouraged them from coming to the isle to trade, convalesce, or establish residence. To disprove this contention, the editor of the Key West Gazette, J. R. Mallery, published the local mortality and morbidity statistics for the period 1834-1835.[3] His results carried the conclusion that the port was as healthful as any other Southern harbor. It is likely, however, that the report emphasized the need of a hospital in the community because Key Westers petitioned the Congress the next year to appropriate funds for "an institution to hospitalize sick and injured seamen." After repeated attempts on their part, a United States Marine Hospital was authorized and erected in 1844. In the final arrangements, the Collector of Customs at Key West intimated that physicians attached to the hospital should, in the future, be permitted to lend emergency care to civilians.[4] For the duration of the life (1844 to Feb. 15, 1943) of the institution that idea prevailed.

First mention of midwifery was made in 1846 when Aunt Hannah Brooks and Aunt Petrona Alvarez, who were Negresses, came over from the Bahamas. They remained the only women attendants in the community for several years.[5] Ostensibly, their coming marked the birth of a profession that still thrives in the vicinity. Originally professional knowledge was gained by serving an apprenticeship with an older experienced woman. Exactly when physicians began to give assistance and advice to these cultists was not ascertained. According to hearsay evidence, the first physician, the surgeon from the Marine Hospital, was called into consultation at a delivery during the early fifties. A move to improve the standards of these midwives was instigated about 1895 by Dr. Enrique Rodriguez, who was born in 1868 in Havana, schooled in Barcelona, came to Key West in 1893 and was subsequently the possessor of a large clientele.

About 1900 the edict was passed to require practicing midwives to show a certificate signed by a local physician. This order was to insure the public of their capability. Later, declaration and purchase of a license to practice had to be procured at the Monroe County Court House. Shortly after 1930 the Florida State Board of Health assumed supervision of their work via the local state health officer. The county physician

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was supposed to check on the application of their skill and to see all patients attended, prenatally. In recent decades, the midwife was requested to consult a physician for any complicated obstetric case.[6]* After 1940 this plan proved unfeasible for the reason medical consultants were often unavailable. In several instances during 1942-1943, only the local osteopath would take such a call.

Apparently the physicians did not accept calls for one or all of three reasons. Part of them were on a semi-retired status because of physical disabilities; they did nothing other than office practice. The others either did not want to take the responsibility, or felt remuneration would be inadequate. The practitioner's view is well understood. The public, however, resents such an attitude.

During 1943, 7 midwives, 3 Negro and 4 white women, were registered in the city. Their clientele consisted of Negro folk and the poorer class of white civilians. The professional skill of 2 of the 7 was open to question by the local health officer. Their methods were antiquated and often injurious to the parturient, namely, voodooistic methods such as dragging the patient over the floor by the feet while in labor. Because of unethical procedures used, 1 had her license revoked in 1944.

This small group plays an important role in the community's health. In 1943 and early 1944 they delivered one third to one half of all the babies born in Monroe County. Maternal and infant morbidity rates have been comparatively high among their clientele as judged by figures from other areas in the state where only physicians give the obstetric care.[7, 8] Further scrutiny of their work awaits.

From 1908 to 1941, their professional fee ranged from $6.50 to $15. Subsequent to 1941, the charge was elevated to $25. The payment entitled the patient to constant attendance while in labor and at delivery, plus five to eight postpartum visits (1941-1944). All deliveries were done in the home.

It is clear that poor obstetric care was only one of the problems. In earlier decades, outbreaks of disease were common. The citizens were subjected to epidemics of yellow fever in 1829, 1857, 1858, 1860 to 1865, 1867, 1869, 1870, 1873 to 1876, 1878, 1884, 1887, 1892, 1897 and 1899; smallpox in 1872 and 1896; dengue fever in 1898; and influenza in 1918.[1,9] Smallpox had always been more or less endemic until recent years. The same was true for typhoid fever and leprosy. Mortality from yellow fever was frequently high. Ingress of travelers from other ports constantly maintained the danger of contagions until the modern era when vaccination and other prophylactic measures were begun. Often panic and unreasonableness of the civilians prevented successful control of the spread of disease. Records show that the sick were abandoned and left to die in a few instances. Officials of the United States government were confronted by active and passive hostility from the local inhabitants. The physicians were suspicious of new ideas.[1,9,10] During the smallpox epidemic in 1896, the citizens threatened violence when Dr. J. Y. Porter, Sr., the State Health Officer, tried to enforce isolation of infected patients. To overcome the opposition he had to enlist the aid of the United States Naval Forces and the United States Marine Hospital Staff at this port and to place the harbor under martial law.

Another instance illustrates the predicament which followed a mistake in diagnosis and the stubborn refusal of a few local physicians to recognize it. In 1898 dengue was introduced among the population by the landing of soldiers and sailors. Eventually several thousand people were afflicted with the malady. At the start of the epidemic a naval physician, recently graduated at New Orleans, informed the military authorities that the illness was yellow fever. Some of the local practitioners upheld the contention even after the noted consultant, Dr. A. H. Glennan of the United States Public Health Service, came from Miami, examined some hundred patients and found them to have dengue instead of yellow fever. Time substantiated his opinion. Nevertheless, as a result of the former verdict,

*Mary Evans, a Negro woman, deserves some comment about her professional work. In 1943 she was the oldest by age and years of tenure of the practicing midwives. In 1909 she became an assistant to Sarah Bostic, who was a white accoucheur originally employed by the dependents of English Army folk in the Bahamas. In 1910 Sarah died suddenly. Thereafter Mary Evans carried on the practice alone, delivering the first child, Elizabeth Carroll, on Dec. 10, 1910 for $10. Within a period of thirty-three years, personal attendance was given to 728 parturients. Among the total there were 2 stillbirths. "Many others died"neonatally from prematurity and "improper care at home." Only 2 operative deliveries were performed; manual removal of the placenta and a version and extraction. The former procedure was done under the supervision of Dr. Rodriguez, who at the time was incapacitated because of a severe dermatitis of his hands, and the latter when a medical consultant could not be obtained to deliver a "transverse presentation." A ledger containing the name, date of birth, sex of the infant, complications of the delivery, if any, and the fee charged was kept on all cases. Prior to 1922 births were not reported from Key West to the State Health Department. In one instance this ledger served as admissible evidence in court to prove the age of a youth brought to trial for rape. Confirmation that he was only 16 years old acquitted him of a penitentiary sentence.

the entire fleet, which was there, was moved north. Large stores of provisions purchased by the local merchants to supply the armed forces could not be used. A local financial collapse followed. For a while those clinicians who persisted in contending yellow fever existed were held largely to blame for the business failure and concomitantly they lost the good will of a majority of the public temporarily.[9]

Sanitation and health slowly improved up to the end of World War I. After the conflict circumstances left much to be desired. The Naval Unit, organized as a war measure to protect the armed forces against the unsanitary conditions of the city, was dissolved in 1919. No plan was improvised by the citizens to maintain the improvements. Enormous quantities of city garbage and junk were dumped near the hospital, which now is the naval commissary, without benefit of burning or incineration.[11] This accumulation afforded an ideal harbor for rats, flies and mosquitoes.

From 1920 to 1940, the census of Key West showed a decrease in population of more than 50 per cent, principally because of a shutdown in the manufacture of cigars. Within the four succeeding years, the population more than trebled with the incoming of armed personnel and civil service workers with their respective families. Housing became a problem. Miniature slum areas in the form of trailer camps arose. Dwellings for enlisted men's dependents and civil service workers were inadequate, crowded and out of proportion in cost to those available to officers in the armed forces. Collection and disposal of garbage by the city was inconsistent. Remittently, private dumps were allowed to putrefy and to pollute the premises. Ostensibly the reason for the poor service was lack of help and an inadequate amount of equipment to collect the refuse.

There is no argument that in 1942, as an aftermath of Key West being made an important naval base, more people came to the island than could be provided with adequate living quarters. Luckily there were no epidemics. Certainly compulsory inoculation of armed personnel against yellow fever, typhoid, paratyphoid and smallpox helped to prevent the outbreak of these particular maladies and did away with the possibility of transfer of these diseases to the area by military folk. Dr. Frank Furstenberg of the Public Health Service instituted a commendable beginning by inoculating a majority of the school children against typhoid, smallpox and diphtheria. Mild gastroenteritis, attributable to contaminated food and drink, was common. Undoubtedly crowded tenements and cheap, poorly prepared foods were occasionally responsible for the illness. Over a twenty-six month interval, I saw on an average 1 case a day.

Unscreened outdoor privies served as the only toilets for many dwellings. Out of 200 eating places a great number had no toilet or bowl where the hands could be washed.[12] The outhouses, cesspools and garbage piles served as breeding points for flies and mosquitoes.

Along with development of Key West as a military-naval base in World War II, the federal government piped water from the mainland. Heretofore, households depended on cisterns filled with rainwater or water hauled to the island by tankers. Many of these shallow wells were not properly protected from external drainage. The introduction of the water system will undoubtedly help to stamp out the sufferings from the colon-typhoid organism endemic there and be a great asset to the city.

Mobilization of the armed forces in 1942 brought additional increases in the number of cases of venereal disease in the neighborhood. Information pertaining to prostitution was meager. Nevertheless it was reported a number of professionals had been in the vicinity and paid a "cut" to certain local persons for "protection."[13] Since the venereal rate for this area was one of the highest* among various naval ports in the United States, naval and local authorities took steps to suppress the racket. By the end of the year 1942, there were no houses of prostitution operating openly, but clandestine prostitution continued. At times the professionals tried to escape the police by changing their address frequently. Amateurs, some of whom worked as barmaids, while others were high school girls and wives of husbands gone to other posts of war, constituted the majority of this group. Boats around Craig Dock were occasionally used as a rendezvous. Opportune taxi drivers served as contact men, whereby they picked up a customer, met the hireling, drove to some isolated spot on the isle and then left the vehicle to the couple for a short

*This was due in part to carriers of venereal disease coming from Cuba and other ports in the Caribbean where the rate was higher than in the States.

period.[14] Cooperative efforts on the part of civil and military officials gradually eliminated most of the sources of disease. Carriers from other localities, however, kept the problem smoldering as is the case the world over. All nonmilitary cases were referred to the City Health Clinic. If the patients did not seek therapy within a limited period of time, they were brought in for treatment by the police. By 1944 the local health authorities were in a position to send a selected number of women to the state rehabilitation center for care.

The foregoing discourse brings the report to the subject of civilian physicians and hospitalization. Other than the references already made, little is known regarding the early practitioners except for the fact many of those not born and reared there either came for their health or stayed on after having completed a tour of duty in some governmental capacity. A number of the physicians before the Spanish American War held either a permanent or temporary appointment in the Army or Marine Hospital Service while administering to the public at large. For instance, in 1860 Drs. T. S. Skrine, H. M. Weedon and D. W. Whitehurst assumed the responsibility of caring for the 1,432 slaves unloaded there from slavers captured in the Caribbean.[15]

Dr. J. V. Harris, a graduate of Louisiana University, came to Key West in 1870. The next year Dr. J. Y. Porter, Sr., who had been educated at Jefferson Medical College, returned as assistant surgeon in the United States Army to Fort Jefferson. Later he served in the Navy and as the first director of the Florida State Health Department from 1889 to 1917. While he was engaged with the latter, measures were commanded to elevate the standards in sanitation and control of disease. Before he took this office, Key West was destroyed by fire (1886). He tried to effect a move to perfect a system of sewage with the rebuilding of the city, but since there were no funds and little public interest, nothing came of the attempt.

Also of this era was Joseph Otto, who as a young man fled from Prussia during the student's revolution, subsequently came to the United States and participated as an Army Surgeon during the Seminole Indian War. Afterwards he remained as contract physician for the port of Key West, lending aid in many of the epidemics which occurred on the island during his lifetime.

The next entry, dated 1898, comes from the files of the Marine Hospital. Six physicians were practicing there: Enrique Rodriguez; J. B. Maloney; J.W.V.R. Plummer; R. G. Plummer; R. J. Perry and E. M. Palma. Five of the six held either a Navy, Army or Public Health appointment during their professional career.

Between 1900 and 1905 Drs. S. D. W. Light and W. R. Warren came to the city. Eventually they and Dr. Maloney became the leading local surgeons of their time.

Until 1908, surgery was done on the kitchen table, in the physician's office or in the Marine Hospital. Only the destitute and those requiring emergency treatment were entitled to hospitalization. Those who could afford it had to go to Havana, Cuba, or the mainland to obtain hospital care when treatment was elective. During that year Dr. Maloney purchased the homestead of Thomas Curry on Fleming Street near the corner of Simonton. The house was remodeled into a small hospital; opening occurred October sixth. By 1911 the unit was too small for the volume of business. The difficulty was remedied by purchasing an adjacent domicile and connecting it to the former by a causeway. An operating room with a cement floor was constructed and was equipped with instruments necessary to perform aseptic surgery. Thirty beds were made available. Two were supported by Monroe County for charity patients.[16] Dr. Warren was made a consultant on the staff. The next year he was made surgeon for the overseas Florida East Coast Railroad for this locality.

In 1910-1911 Dr. Pintado came from Cuba and Dr. J. Y. Porter, Jr., from New York University, to begin their professional careers.

Prior to Dr. Maloney's action to provide civilian hospital facilities, a few philanthropic Cuban citizens inspired by Mrs. Dolores Mayg, organized the Beneficiencia Cubana in 1904 for charitable work among the poor of their nationality. On Oct. 11, 1910 another group, including some of the members of this society, opened a sanatorium for all nationalities. The institution was dedicated the Casa del Pobre Mercedes Hospital in honor of Mrs. Mercedes Gato, wife of the tobacco tycoon and originator of the "nickel" cigar, E. H. Gato.[5] In succeeding years, lack of funds precluded proper maintenance of the organiza-

tion. Bequests and house to house campaigns for contributions became the ultimate source. When the Marine Hospital was under consideration for closure in 1942, a few persons wanted to remodel the Home into a civilian clinic.[1] The plan was not feasible for three reasons: the building was unequipped, the structure needed a complete renovation, and it was not arranged properly nor was it large enough to accommodate the needs. Apparently, because of its unsatisfactory arrangement, as well as the lack of money, the institution was closed in October 1943. During the last few years of its use the place had served more or less as a home to shelter about 15 or 20 of the poor who were chronically ill.

In 1917, La Sociebad Cuba was organized to provide a form of socialized medicine. There were about 1,000 members in 1942. The club owned property valued at $30,000. At first the members were unable to obtain the services of a physician for the reason that the physicians opposed the socialistic organization. Finally Armando Mato, president of the club, called a meeting of medical practitioners and pharmacists and offered them the choice of administering to the poor on a charity basis or being paid for their work by contract with the club. The latter proposal was accepted.[17]

World War I brought prosperity to the inhabitants. Eventually Dr. Porter, Jr., had his own private cottage hospital. Dr. Maloney, in the meantime, died of a coronary thrombosis. Competition led indirectly to fee splitting among some of the physicians. Cliques formed.[7] According to one military officer stationed there in those days, it was necessary for the men specializing in surgery to acquire their share of practice through concessions to the general medical practitioner. The laity was instrumental in bringing forth this action. Civilians were suspicious of the specialist's ability. Unless a physician was willing to treat every kind of affliction, he was regarded as incompetent. The family physician made the arrangements with the consultant, who remained, in some instances, practically unknown to the patient.

The depression in the early thirties hit Key West with a tremendous jolt. At one time over 60 per cent of the inhabitants were on WPA. Since the island had a limited number of industries, it served as one of the first experimental projects whereby the government gave a subsidy in the form of employment on public works. The average citizen could not afford the cost for treatment of an extended illness. Monroe County arranged with the United States Public Health Service to hospitalize patients from the community clinic at $2 a day in the Marine Hospital. The plan ran into a snag when the city went into bankruptcy; funds were not forthcoming to administer the aid.

By 1939, only one cottage hospital remained. That year another was opened. But these two places had neither sufficient staff nor equipment to in any way satisfy the needs of the community for hospitalization. It will be seen later that circumstances which developed during World War II forced the issue to build a municipal hospital.

Up to 1943, the Marine Hospital had acted as a safety valve to take in complicated and undesirable cases. These were sometimes sent to the hospital without previous permission from the attending staff of the institution. Not all of the practitioners were guilty of this conduct; yet the privilege had been abused before, for example, in 1905 when the service at the Marine Hospital degenerated into a gigantic system of relief.[18] When it became evident that the hospital might be closed in 1942, multiple political strings were pulled in Washington, D. C. to prevent the order. Even the C.I.O. took a hand in the argument. Excerpts from a naval report [8] made in 1942 emphasized the lack of physicians and hospital beds with operating facilities for civilians. It was indicated that some agency must take the responsibility ultimately of making a provision for adequate medical care in this vicinity.

When closure of the Marine Hospital became a certainty late in 1942, three proposals were made by as many different groups regarding how civilian hospitalization could best be supplied. The mayor's group desired that federal funds be obtained to build a new 50 bed hospital. This idea subsequently won favor. Another leader suggested that one of the old cement block cigar factories or the Coral Hotel be remodeled, while a third wanted to renovate the Mercedes Home. All wanted the loan of the equipment from the Marine Hospital. In the meantime, the City Council met and invited the Chief Surgeon of the Marine Hospital to offer a plan for a new municipal facility. This completed, a committee was formed and sent to consult with the Federal Works Agency for a loan of about $300,000.

The amount was obtained with the contract calling for completion of the structure in 1943. During the interval between the time of closure of the Marine Hospital and opening of the municipal institution, the new Naval Hospital was to take in civilian emergencies. To prevent overburdening of the naval unit with civilian patients, certain rules were formed to regulate the entry of humanitarian cases. This restriction was also made to eliminate competitive shopping by patients from civilian to naval physicians.

Several months passed before work was begun. The delay was reportedly due to several factors: considerable red tape was required to release the money appropriated; materials for this purpose were scarce; city officials could not agree on who should staff and govern the project; some opposed the building of such a hospital for the reason they felt the city would eventually find it impossible to run it because of insufficient capital; some persons still wanted to subsidize the local cottage clinics; and the labor unions desired to stagger the construction until after the war in order to offer employment to returning veterans. Nevertheless, it was finally completed and opened officially on Nov. 2, 1944.

While this turmoil was going on, certain progressive-minded citizens appealed to the United States Public Health Service and Medical Procurement and Assignment Bureau of Florida to allocate physicians to Key West. Migration of several hundred civilian workers into the area had taxed the local practitioners beyond their capacity to cope with the requests for medical care. Between July 1942 and January 1943 five physicians came to the community, not all, however, through these organizations. One of them came from Cuba. Two others saw the hopelessness of the facilities available and left within a month after arrival. A fourth man, discharged from the Army under equivocal circumstances, was there only a few weeks before he was confronted with legal difficulties. The Florida branch of the Procurement and Assignment Bureau conceived the idea of placing in Key West a medical team composed of three men: an internist, a surgeon and a general practitioner.[19] The plan failed. The internist, Dr. Julius Oshlag, came and stayed about six months. Disgusted, however, with the lack of hospital and office accommodations and with local political hardships, he left in the fall of 1943 to work with the United States Public Health Service.

About this time the only osteopath went elsewhere. Likewise, Dr. James B. Parramore, the Monroe County Public Health Officer, went to another position. He had supervised a clinic in a suite of rooms on Duval Street for a number of years. Two Public Health nurses acted as assistants. A prenatal clinic and a venereal clinic were maintained. An effort was made to control and report infectious disease in the County. Supervision was kept of the local midwives who did most of the deliveries among the poor. During his term of office, there was a lack of authority to enforce properly quarantine, venereal control and sanitary precautions. Before leaving, he took part in planning the construction of the City Clinic now located at the corner of Fleming Street outside the Navy Yard. After he left, the position was filled temporarily by Dr. E. Gonzales, and later by Dr. Furstenberg of the United States Public Health Service.

When plans were under way to build the City Clinic, the Federal Housing Committee at Poinciana and Porter Yates Place commanded the erection of a small infirmary for each place. At one time the local osteopath was considered for the position of resident physician at the Poinciana Dispensary. The arrangement did not materialize, probably for the reason certain physicians in the armed forces stationed in Key West opposed the appointment on the basis of the candidate's inadequate training to cope with all types of emergency treatment.

Concomitantly, an office was established in Fort Village, a Negro district, for A. B. Benson, a Negro practitioner. In former years other Negro physicians, including Drs. Adam and Anderson, had served their people for a short time. Because of little remunerative work and poor clinical facilities they left the city.

Although the combination of the City Clinic, Hospital and Dispensaries should supply the citizens with adequate hospitalization, the success of the future will depend largely on the availability of operating capital and inducement to well trained physicians to remain in the community to administer up-to-date medical care.

This historical survey serves to illustrate one of the reasons why Florida had a relatively high venereal rate and infant and maternal mortality

rate as compared to the other states.[20,21,22] Formerly conditions in Key West discouraged some physicians from settling there to engage in the private practice of medicine. It is hoped with the new facilities there will be encouragement to the prospecting newcomer. Whatever takes place, the medical society should lead out in development of the medical plan; its members are more experienced in sociologic-medical fields than the average layman. The public's idea of control in medicine is based largely on the cost of care without too much thought to the scientific and social sides involved.[23] Heretofore, the profession preferred to utilize the facilities of private enterprise, but, if necessary, federal grant-in-aid can be and should be purchased by the state for the public charges.[24] Failure of practitioners to adopt such a measure in communities comparable to this one will undoubtedly give further impetus to the growth of socialized or government-controlled medicine. The substance of a letter written in September 1943 is exemplary. When the medical profession fails to block barriers to the dispensation of medical care, it suffers suspicion that its motives are those of the ordinary business group which desires to protect its pocketbook rather than its customers. Counteract this type of activity, and the profession's standing will be strengthened.[25]*

References

1. Diddle, A. W.: Medical Events in the History of Key West; I. The Marine Hospital, Johns Hopkins Bull. Hist. Med. **15**:445-468 (May) 1944.

2. Key West Gazette, March 28, 1831. This and other papers of that period are in the possession of Mrs. Natalie Taylor of Key West, Fla.

3. Diddle, A. W.: Vital Statistics Compiled in Key West During 1935, J. Florida M. A. **30**: 380-382 (March) 1944.

4. Gordon, Charles: Letter dated July 7, 1844 in Records of Public Health Service, The National Archives, Washington, D. C.

5. Brown, J. B.: Key West; the Old and the New, The Record Co., St. Augustine, Fla., 1912.

6. Evans, Mary: Key West, Fla. Personal communication.

7. Medical Staff of the United States Marine Hospital, Key West, in 1942. Personal Communication.

8. Medical Facilities Available in Key West, Medical Records Naval Operating Base, Key West, Fla., Dec. 21, 1942.

9. Porter, J. Y.: Looking Backward over 50 Years of Health Work in Florida, J. Florida M. A. serially July 1925 through January 1926.

10. Murray, Robert: Records Marine Hospital, Key West, Fla., Aug. 9 1872.

11. Report of the Secretary of Navy Department for the fiscal year 1920-21, pp. 849-892, Washington Government Printing Office.

12. Office of Monroe County Health Officer 1944. Personal communication.

13. Naval Officer in charge of Venereal Division, Seventh Naval District (1942), personal communication.

14. Venereal contact reports submitted to Officer in charge of Venereal Section of Seventh Naval District in summer of 1942 from Naval Operating Base, Key West, Fla.

15. Diddle, A. W.: Medical Events in the History of Key West; II The African Depot, J. Florida M.A. **31**: 207-209 (Nov.) 1944.

16. Spottswood, Mrs. Robert: Key West, Fla. Personal communication.

17. Kennedy, Stetson: Palmetto Country, New York, Duell, Sloan and Pearce, Publishers, 1942.

18. Letter to Bureau United States Public Health Service, June 1905, Records of Marine Hospital, Key West, Fla.

19. Office of Florida Branch Procurement and Assignment Bureau 1943. Personal communication.

20. Vonderlehr, R. A., and Usilton, L. J.: Syphilis Among Men of Draft Age in the United States; An Analysis of 1,895,778 Serologic Reports of Men Aged 21-35 who were Examined Under the Selective Service Training and Service Act of 1940, J. A. M. A. **120**:1369-1372 (Dec. 26) 1942.

21: Venereal Disease Information: New Cases of Syphilis and Gonorrhea in States, Territories, Possessions and the Panama Canal Zone, U. S. Public Health **25**:320, 1944.

22. Dailey, E. F.: Maternal Mortality, 1939, Am. J. Obst. & Gynec. **42**:352-354 (Aug.) 1941.

23. Bierring, W. L.: Federalization of the Practice of Medicine, J. Iowa M. Soc. **34**:25 (Jan.) 1944.

24. Massachusetts Medical Society; Wagner-Murray-Dingell Bill, New England J. Med. **229**:1884, 1943.

25. Edwards, Corwin: Former member of United States Federal Department of Justice and State Department of the United States. Personal communication.

*Other data used in compiling this history were obtained from Miss Marie Cappick, Miss Marguerita Lacedonia, Father Terrence King, Colonel Brenton, USA (Ret.), the late Major Snidow, USA (Ret.), Mr. Eberhardt, Dr. J. Y. Porter, Jr. Stephen Singleton—All of Key West.

When the Marine Hospital was closed in 1943 an inventory was made and most of the old records referred to in the manuscript were taken over by the U. S. Public Health Service and supposedly sent to Washington, D. C.

ABSTRACTS OF MEDICAL ARTICLES

KIDNEY FUNCTION IN ESSENTIAL HYPERTENSION, ISBERG, EMIL M., MIAMI BEACH, AND BARKER, PAUL S., ANN ARBOR, MICH., J. MICHIGAN M. SOC. **44**:817 (Aug.) 1945.

Renal function was studied in 200 cases of essential hypertension for the purpose of determining whether the urea clearance test and the maximal concentration test are necessary when urinalysis gives negative results. It was noted that consistently negative reaction in repeated urinalyses does not warrant the assumption that renal function is normal, for in 28 per cent of the cases of this series this function was impaired although routine examination of the urine revealed no abnormalities. The combination of normal urinalysis and normal maximum concentrating ability does, however, constitute a sufficient clinical indication of unimpaired renal function, it was observed. The concentration test proved more sensitive than the urea clearance test in detecting early damage of the kidney in essential hypertension. In 33 per cent of the cases studied there was impaired concentrating ability in the presence of normal urea clearance values, but in only 3 per cent was the concentrating ability adequate in the presence of subnormal urea clearance. The authors concluded that the clinician may safely rely on urinalysis and concentration test in combination to indicate fairly accurately the renal status of the patient with hypertension.

THE SURGICAL TREATMENT OF ARTERIAL HYPERTENSION, PEET, MAX M., ANN ARBOR, MICH., AND ISBERG, EMIL M., MIAMI BEACH, J.A.M.A. 130:467-473 (Feb. 23) 1946.

The results after five to eleven years of the surgical treatment of bilateral supradiaphragmatic splanchnicectomy and lower dorsal ganglionectomy in 437 cases of essential hypertension are presented. In order to evaluate the effect of this treatment on this variable constitutional disease so that the knowledge gained would enable intelligent selection of candidates for surgical treatment, classification was made according to the general clinical profile with the constitutional course of the disease forming the primary basis. The predominant feature by groups was (1) early asymptomatic hypertension, (2) symptoms, (3) organic heart disease, (4) cerebrovascular disease, (5) impaired renal function and (6) malignant hypertension.

The work up of the patient with essential hypertension included in addition to the routine history and physical examinaton an ophthalmoscopic examination, electrocardiogram, teleoroentgenogram, excretory pyelogram and kidney function studies with checking on these various aspects from time to time. In this way evidence of progression and activity was determined, and if such evidence as hypertensive symptoms, or angiospastic-retinal changes or cardiac, cerebral or renal involvement was discovered, the patient became a candidate for surgical treatment.

Of the series, 57.5 per cent were living five to eleven years after operation, 64.8 per cent being alive after five postoperative years, despite the fact that the hypertensive state in 82 per cent of the patients had already progressed to serious organic disease prior to operation. The mortality was 56 per cent for the men and only 30 per cent for the women. Of all patients manifesting preoperative evidence of organic heart disease, cerebrovascular disease or impaired kidney function, approximately one third did not survive five to eleven years. Of the 112 patients with preoperative malignant hypertension 19 per cent were living five to eleven years later. Fifty-one patients had maintained normal blood pressure levels and 28 showed no evidence of hypertensive disease five to eleven years postoperatively; and in a remarkable percentage of patients significant reductions in blood pressure, complete and definite symptomatic relief, improvement of eyegrounds and improvement of abnormal electrocardiograms, cardiac enlargement and kidney concentrating ability had been maintained for this length of time. During this long postoperative period 60 per cent of patients who had previous cerebral accidents suffered no recurrence.

This comprehensive study demonstrates the value and place of surgical treatment as an integral part of the therapeutic armamentarium for hypertensive disease. Its limitations are definite, but no form of medical therapy, the authors concluded, has yet been shown to be as efficacious in arresting the pernicious, progressive character of hypertensive disease, promoting improvement and increasing life span.

PERICARDITIS WITH EFFUSION FOLLOWING INFECTIONS OF THE UPPER RESPIRATORY TRACT, MAJOR DAVID A. NATHAN, M. C., AND LIEUT. COL. RICHARD A. DATHE, M. C., AM. HEART J. **31**:115-130 (FEB.) 1946.

Eight cases are reported in which acute pericarditis with effusion followed acute infection of the upper part of the respiratory tract without intrathoracic disease. The purpose of this report is to emphasize the relationship of apparently trivial and unimportant infections of the upper portion of this tract to pericarditis with effusion. In 6 of the cases there was an unequivocal history of tonsillitis, pharyngitis, or nasopharyngitis; in 2, there was an antecedent nonproductive cough.

In the light of this series, the relatively few reports in the literature of this association are discussed, and the pathogenesis is considered. A hypersensitive response by the pericardium to an offending organism in which the immune reaction of the body is inadequate is regarded as more plausible than the proximity of the hileum lymph nodes with extension of the infection into the pericardial sac because the pericardial fluid was sterile and nonpurulent in the 5 cases in which pericardiocentesis was performed.

The authors indicate the possible important clinical significance of mild or moderate precordial pain following in the wake of an acute infection of the upper portion of the respiratory tract since it might be due to a mild acute pericarditis. They conclude that an antecedent infection of the upper part of this tract without intrapulmonary disease may be an important predisposing cause of pericarditis with effusion. Also, they suggest the relationship of mild or subclinical infection of the upper part of the respiratory tract to partial or complete obliterative pericarditis found at autopsy.

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FLORIDA PLAN FOR VETERANS' CARE

A plan for the establishment in Florida of private medical care for veterans with service-connected disabilities was initiated some months ago. A special committee, of which Dr. Frederick H. Bowen is chairman, was appointed to confer with the Veterans Adminstration and formulate a satisfactory plan. This public service project of the Association should soon make home town medical care for war veterans by their own freely chosen physicians a reality.

After careful study, the Committee had prepared a program based on the Kansas plan when the Veterans Administration introduced its Solicitor's Agreement, a simple program covering satisfactorily the existing needs. This agreement was approved in principle by the Board of Governors of the Association at its September meeting. Appropriate and timely objection was, however, made to the lack of a termination clause. Some weeks later the Veterans Administration submitted this same agreement with a termination clause added. This satisfactory contract was signed and returned. As soon as it is ratified by the Veterans Administration, the Florida Plan will be put into operation.

Under this plan, the Association will request all of its members to participate in a statewide program whereby physicians in private practice desiring to provide services for eligible veterans in their home communities may be approved for appointment as fee-designated physicians of the Veterans Administration. These physicians may then render medical services (examinations, treatments and counsel) to veterans upon authorization by the Veterans Administration. Fees for these services in authorized cases are to be paid by the Veterans Administration directly to the physician rendering the service in accordance with the fee schedule which is a part of the agreement.

Authorization for medical service should be obtained by the veteran from the nearest Veterans Administration Facility before the services are rendered. The Veterans Administration furnishes to the veteran proof of authorization for examination or treatment and a list of treatment and a list of fee-designated physicians in the county or district in which the veteran is located, in order that he may select his own physician for the services authorized. In an emergency, the physician may obtain authorization by telephone from the nearest Veterans Administration representative or hospital. Only in extreme cases under unusual circumstances should care be rendered without authorization, which should then be applied for immediately. Upon completion of service, a bill, with the medical case record attached, should be mailed promptly to the authorizing authority of the Veterans Administration. If the requirements are properly met, payment should be received without undue delay.

The entire membership of the Association is not only welcome to participate in this program, but is expected to do so. If the individual physician realizes at the outset the importance of proper authorization prior to rendering service, the plan should work well and give satisfaction to all concerned.

H. L. P.

"THE E IN HEARTS"

Time's section on Medicine, which appears each week, seems to be well worth reading. Recent advances in medicine frequently are presented therein long before they appear in the medical journals. Physicians have no official news service which keeps them abreast of recent scientific advances, and the time lag between the completion of a research project and its publication often is exasperating. A news letter would be of great value to physicians, but *Time's* Medicine is more than that in that it serves the public as well. Material relating to progress in medicine is presented in a readable and understandable form and appears to be read widely. His mail often shows the physician full well the extent to which these articles are being read by his patients. By following public reaction to this service he gains insight into the needs of the people and is better able to see through their eyes.

It would appear to be a clear fact that the medical profession has had poor public relations in the past and that its public relations today leave much to be desired. The old days of "tell your patient nothing," when there was a blind faith in the physician, have gone, of course, but the profession is not yet doing enough to enlighten the public in regard to what it is attempting to accomplish. An informed person is apt to be not merely sympathetic but actually friendly toward the profession's problems and projects.

Because of the important service that *Time* is rendering, every effort should be made by the editors of this magazine to see that the public is not misled. It is inevitable that occasionally a report of a scientific article will backfire, and that is what appears to have happened with "The E in Hearts," which appeared in *Time* on June 10, 1946.

This article reports on work performed in Canada that appears to be not too scientific:

> Large, concentrated doses of vitamin E, said Dr. Vogelsang, benefited four types of heart ailment (95% of the total): arteriosclerotic, hypertensive, rheumatic, old and new coronary heart disease. The vitamin helps a failing heart . . .

After receiving several communications from patients in regard to this article, one of the editors of the Journal of the Florida Medical Association composed a reply, worded in part somewhat as follows:

> Doctors of Medicine probably should prefer to withhold judgment until more accurate information of a scientific nature is available. Off the record to you, I might say that the report does not sound too impressive. In the first place, the treatment of different types of heart disease, such as rheumatic, coronary and hypertensive, with pressed wheat-germ oil with equally good effect does not sound rational. Strange things, however, happen in medicine, and we would do well to keep open minds. I assure you we shall keep up with the reliable research work done in this field and we shall let you know if anything outstanding is discovered.

Actually, many physicians feel now even more strongly about the matter. They believe that such treatment is futile. It might be well for *Time* to call to the attention of its readers that, perhaps, "The E in Hearts" was given too much prominence and was somewhat premature.

Webster Merritt

EXPANSION OF PUBLIC HEALTH WORK

The announcement of Governor Caldwell that he will ask the coming legislature to appropriate $1,500,000 for greatly needed expansion of public health control in Florida is gratifying. The present expenditure of 35 cents per capita is the lowest in the Southeast except in one state. That the State Health Department under able leadership is doing its utmost for the protection of the health of the people despite the severe restrictions imposed by limited funds is unquestioned, but an adequate program costs about $2 per capita. A complete and effective health program would, therefore, require practically doubling the present appropriation.

In a recent radio broadcast Governor Caldwell convincingly stated his reasons for regarding this increased contribution to public health as "a conservative investment." In 1945, there were 2,302 deaths from cancer in the state; yet a cancer finding survey, costing less than 10 cents per capita, might save half that many lives annually. Assuming that the school children with hookworm lose only 50 per cent of their capacity to learn and develop, one fifth of the $18,000,000 appropriated annually for education is wasted because of neglect in eradicating this disease. Comparative figures indicate that Florida leads the nation in the incidence of syphilis among Negroes and ranks third from the top in the rate among white persons. Other problems cited as currently handicapped in their solution by inadequate appropriations were malaria, industrial hygiene, tuberculosis, sanitary engineering, preventive measures such as immunization, material and child care and dental health.

By expanding the public health program all along the line, Florida would take its place among the more progressive states in this field, and the lives of many of its citizens would be saved. The Governor's espousal of this forward step should command hearty support.

H. L. P.

From Our President

MEDICAL SERVICE PLAN AGREEMENT

When the Florida Medical Association recently organized the Florida Medical Service Corporation, the members were asked to finance the project through a loan on a pro rata basis and also to sign an agreement to render the services of the Florida Medical Service Plan to its members. Some have been slow about signing, less than half of the membership having done so. It is essential that all of the members of the Association sign the agreement to participate in the plan.

The participating physician agrees to furnish care and to accept payment as designated in the fee schedule approved by the Board of Governors of the Association. Although the plan is set up to furnish only surgical and obstetric care at first, as experience is gained, its scope will be broadened to include medical and other benefits. Naturally, the potential subscriber desires to see his personal physician listed as participating. It is vital to the success of the plan that all members, whatever their field of medical service, sign the agreement now. Less than half of the membership is not half enough.

The plan is simple. A single person earning less than $2,000 annually and a family with a yearly income below $3,000 receive the services of the participating physician on the basis of fees scheduled. Other subscribers pay the physician's usual fees, and the remittance from the Corporation, made direct to the physician, applies as a credit against these fees, with the patient paying the remainder. The form the physician fills out is also simple and time-saving.

This plan was adopted by the Association in the belief that the public still prefers the American way of doing things and will, if given ample opportunity, subscribe favorably to this nonprofit medical service plan. If it is to operate to the satisfaction of the public and thereby fulfill its function of combating socialized medicine, it must have 100 per cent cooperation from all members of the Association. Insure its success by signing the agreement today.



STATE NEWS ITEMS

Dr. Walton Wall, Orlando, announces the opening of his offices in the Professional Building. Dr. Wall will limit his practice to Ophthalmology.

The American Medical Association will celebrate 1947 as its centennial year. The NBC network program will be called "Doctors Now and Then." It is proposed to make comparison between doctors and medicine today and situations which existed during the past hundred years. The United States has been divided into regions for purposes of broadcasts. Florida, Georgia and South Carolina represent the southeastern region and these states will cooperate in the presentation of a program which dramatizes the life of Dr. Crawford W. Long of Georgia.

Urology Award—The American Urological Association offers an annual award 'not to exceed $500' for an essay (or essays) on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recognized hospitals.

For full particulars write the Secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis, Tennessee. Essays must be in his hands before May 1, 1947.

Dr. William P. Hixon, Pensacola, was the guest speaker at the Exchange Club luncheon meeting recently. Dr. Hixon discussed diagnostic methods for detecting heart disease.

MEDICAL OFFICERS RETURNED

Dr. V. LeRoy Hagan, who entered military service Dec. 28, 1942, received his discharge on July 24, 1946. His address is 403 Coachman Building, Clearwater. He held the rank of S. A. Surgeon (R), U. S. P. H. S.

Dr. Lee E. Bransford, Jr., who entered military service Oct. 18, 1943, received his discharge on Nov. 29, 1946. His address is 320 Professional Building, Jacksonville. He held the rank of Captain in the Army.

Dr. Bruce H. Sisler, who entered military service Nov. 25, 1940, received his discharge on Dec. 3, 1945. His address is 307 Commerce Avenue, Knoxville, Tenn. He held the rank of Colonel.

LOCATION WANTED: Would like to join group or surgeon as Obstetrician-Gynecologist. Age 40, 5 years experince assistantship in obstetrics and gynecology at teaching hospital; eight months course in Obstetrics and Gynecology at the University of Pennsylvania Graduate School and am now completing year of residency at Cooper Hospital, a University of Pennsylvania teaching hospital. Separated from Navy in October 1945. Have Florida license and excellent references. 69-8.

MARRIAGES

Dr. William H. Brooks and Mrs. Marian Wooton Taylor of Jacksonville were married on November 16, 1946.

EDMUND HERSHEY TEETER

Dr. Edmund Hershey Teeter of Jacksonville died on Nov. 3, 1946, in a hospital in Chambersburg, Pa., after an illness of three weeks. He was 64 years of age.

The son of John D. and Susan Hershey Teeter, Dr. Teeter was born in 1881. In 1910 he was graduated from the Medical School of the University of Maryland and practiced medicine in Jacksonville for twenty-seven years.

Dr. Teeter was a member of the Duval County Medical Society, the Florida Medical Association and the American Medical Association. He also held a life membership as a fellow of the American College of Surgeons.

He was active in the religious life of the city, being a communicant of the Church of the Good Shepherd. In addition, he was a member of the Knights Templar, the Shrine, the Blue Lodge and the Commandery, and was a past commander of Edward C. DeSaussure Post 9 of the American Legion. He was also a member of the Jacksonville Exchange Club. He served the city as a member of the Civil Service Board from its inception in 1935 until 1945.

Dr. Teeter is survived by his widow, Mrs. Bertha H. Teeter, and a son, Edmund H. Teeter, Jr., of Jacksonville, a sister, Mrs. Maude O. Barco of Tallahassee, and several nieces and nephews.

JOHN SAMUEL TURBERVILLE

Dr. John Samuel Turberville of Century met instant death at 3:30 p.m. on Saturday, Sept. 22, 1946, when a skidding truck crashed into his car seven miles north of Atmore, Ala. He was 71 years of age. The funeral service was held at Flomaton, Ala., on September 24, and interment took place at St. John's Cemetery in Pensacola.

Born in Claiborne, Ala., on May 19, 1875, Dr. Turberville received the degree of Doctor of Medicine at the University of Alabama in 1902. Three years later he moved to Century, where he practiced medicine for forty-one years. In 1907 he acquired the Bonaventura Sanatorium, which he rebuilt into a modern clinic known as the Turberville Hospital. Through the years he continued to improve and enlarge the hospital, which in 1940 became a nonprofit sharing corporation with himself and his two physician sons as managers.

Long prominent in Gulf Coast medical circles, this distinguished servant of medicine was a past president of the Escambia County Medical Society, the Florida Medical Association and the Chattahoochee Valley Medical Association, and also a former vice president of the Southeastern Surgeons Congress and the Gulf Coast Clinical Society. He was a life member of the Americal College of Surgeons. His death came five days before the scheduled conference of physicians for the study of cancer which he sponsored annually. Known as a prodigious worker with keen interest in his profession, Dr. Turberville was also widely known for his charity work and medical aid to the underprivileged.

On May 25, 1900, Dr. Turberville was marmied to Miss Julia Ptomey, who survives him. In addition, he is survived by four daughters, Mrs. Fred Johnson of Century, Mrs. Studder Teter of Mobile, Ala., Mrs. John Holmes of Birmingham, Ala., and Miss Kathleen Turberville, an exchange teacher in Kendal, England; and three sons, Dr. Joe Ivey Turberville, Dr. John Killebrew Turberville and William G. Turberville, all of Century.

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

NEW AND NONOFFICIAL REMEDIES, 1946, containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1946. Cloth, Price, postpaid, $1.50. Pp. 770. Chicago: American Medical Association, 1946.

New and Nonofficial Remedies is the book in which are listed and described the medicinal preparations which the Council on Pharmacy and Chemistry has found acceptable, under its rules, for the use of physicians. To have a product accepted, the manufacturer must declare its composition, give adequate proof of its therapeutic value and market it with claims which have been found valid by the Council. The present volume represents a cumulative epitome of the Council's work since its foundation in 1905.

Accepted preparations are grouped in twenty-four classifications ranging from Allergenic Preparations to Vitamins. Ordinarily, an inclusive general article precedes the description of the various products. The monograph for the products set forth the actions, uses and dosage and usually a set of tests and standards. As its name implies, the book is intended to describe nonofficial preparations, that is preparations which are not included in such official publications as the Pharmacopeia and the National Formulary. However, some official articles are listed and described, these being in general those for which the Council feels the practicing physician needs concise and authoritative information. In the preface of the present volume, the Council lists some thirty-five official drugs ranging from acetylsalicylic acid to Strophanthin, which the Council feels it no longer necessary to consider for inclusion in the book. However, in most cases, a brief monograph on actions, uses and dosage gives information useful to the physician and for the control and advertising of marketed preparations.

Examination of the volume reveals that there have been no extensive or radical revisions of the general articles representing the twenty-four chapter heads under which preparations are classified. A few revisions of separate monographs may be mentioned: under Chaulmoogra Derivatives, the recommended use of Chaulmoorga Oil is limited to sarcoidosis; the dosage statement for Quinacrine Hydrochloride has been notably expanded to reflect the war-time experience with the drug. The radically revised monograph on Amphetamine is in harmony with the recent Council report on the use of this drug. Minor revisions of the chapter on Contraceptives are noted, and one marks the appearance of many additional products. The monograph on the Vitamin B Complex now mentions synthetic folic acid, recently made available for investigational use; but no accepted preparations are listed.

ALLERGY. By E. Urbach, M. D., and P. M. Gottlieb, M. D., edition 2, 968 pages with 412 illustrations, New York, Grune and Stratton, 1946. Price $12.00.

This book covers the present knowledge of allergy. It presents the historical background and theoretical aspects of the subject and also deals with the practical application of the known principles. It is well illustrated. Evidence pro and con upon controversial points is presented, and the authors give their opinion.

This book would make a good textbook for teaching purposes, or it could be used to advantage by an allergist for reference. The general practitioner, or a specialist in other lines, could use it advantageously for the purpose of differential diagnosis, or as an aid in determining the presence of a possible allergic complicating factor.



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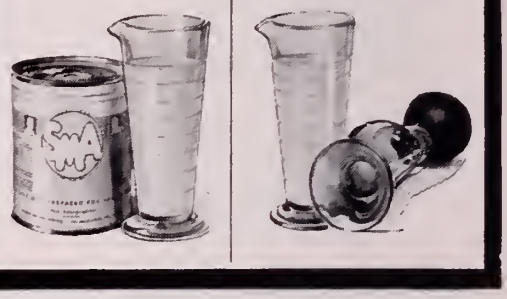
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SOUTHERN MEDICAL MEETING

The Fortieth Annual Meeting of the Southern Medical Association held in Miami November 4-7, 1946 drew a record attendance. The following Florida physicians were elected officers of sections:

Shaler Richardson, Jacksonville
Chairman-Elect, Section on Ophthalmology and Otolaryngology
Iva C. Youmans, Miami
Chairman, Section on Pathology
S. Marion Salley, Miami
Vice-Chairman, Section on Medicine
James L. Borland, Jacksonville
Secretary, Section on Gastroenterology
James L. Anderson, Miami
Secretary, Section on Neurology and Psychiatry
W. W. McKibben, Miami
Vice-Chairman, Section on Pediatrics
Gerald Raap, Miami
Vice-Chairman, Section on Radiology
Wiley M. Sams, Miami
Vice-Chairman, Section on Dermatology and Syphilology
Claude G. Mentzer, Miami
Vice-Chairman, Section on Proctology
E. Clay Shaw, Miami
Vice-Chairman, Section on Urology
Ralph S. Sappenfield, Miami
Secretary, Section on Anesthesiology
Joseph S. Stewart, Miami
Vice-Chairman Section on Surgery

Members of the Florida Medical Association in attendance at this meeting are as follows:

Apalachicola: Terry Bird. *Arcadia*: H. P. Bevis, C. H. Kirkpatrick, Gordon H. McSwain. *Baldwin*: Wm. David Brinson. *Bartow*: C. H. Murphy. *Bradenton*: W. D. Sugg. *Brooksville*: G. Roberson Creekmore. *Century*: J. I. Turberville. *Cocoa*: Thos. C. Kenaston, Walter C. Page. *Coral Gables*: A. D. Amerise, Chas. R. Burbacher, Jack Q. Cleveland, J. Kenneth Cole, Robert F. Dickey, Dewey H. Grimes, Frank W. Hewlett, Chas. F. Hudson, Warren Quillian, T. D. Sandberg, Herbert E. Sperry, Arthur H. Weiland, Hilliard W. Willis.

Daytona Beach: Cleveland D. Cochrane, R. L. Miller, A. M. McCarthy, L. von Meysenbug, J. Ralston Wells. *Delray Beach*: Charles A. Robinson. *Everglades*: Frank J. McKinley. *Fort Lauderdale*: Robert Blessing, Mark Butler, Milton N. Camp, Russell B. Carson, Eugene C. Chamberlain, Andre A. Cueto, Anna A. Darrow, Burns A. Dobbins, Frederick J. Driscoll, Leroy B. Elliston, Roland F. Fisher, Benjamin F. Hart, Elliott M. Hendricks, Garland M. Johnson, Marion A. Lovejoy, Richard A. Mills, Henry J. Peavy, C. A. Peterson, Francis D. Pierce, Henry E. Plenge, Ruth T. S. Plenge, Leigh F. Robinson, E. G. Schaiberger, F. Leslie Snyder, Curtis H. Sory, Lawrence L. Stepp, R. H. Stovall, Frederick P. Swing, Alva R. Taylor, Elliott Wilson, S. J. Wilson.

Fort Meade: David H. Varn, Jr. *Fort Myers*: Fred D. Bartleson,. A. Louis Girardin, Jr. *Gainesville*: J Maxey Dell, Jr., Jno. E. Maines, Jr., James M. McClamroch, Harry M. Merchant, D. T. Smith, John H. Thomas, W. C. Thomas. *Havana*: J. W. Sapp. *Hialeah*: Leon H. O'Quinn. *Hollywood*: Robert R. Harriss, Elbert McLaury, R. J. Patterson, R. W. Snow. *Homestead*: Joseph M. Burton, A. W. Logan.

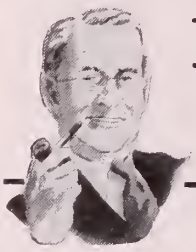
Jacksonville: Mark E. Adams, Thos. S. Adams, William H. Ball, W. C. Bayless, John A. Beals, James L. Borland, Alan D Brown, Cornelia M. Carithers, Hugh A. Carithers, Jos. L. Chilli, Silas M. Copeland, Herbert W. Counts, George A. Dame, S. E. Driskell, Lucien Y. Dryenforth, Frank L. Fort, Lawrence E. Geeslin, Banks H. Goodale, Graham E. Henson, Luther W. Holloway, Gordon H. Ira, Edward Jelks, Raymond R. Killinger, Frederick W. Krueger, Janet G. Leser, Louis Limbaugh, Thos. H. Lipscomb, John F. Lovejoy, J. G. Lyerly, Chas. B. Mabry, Lucille J. Marsh, J. Webster Merritt, Nelson A. Murray, Wm. H. McCullagh, Robert B. McIver, Samuel R. Norris, Lorenzo L. Parks, Ferdinand Richards, Shaler M. Richardson, Clarence D. Rollins, C. M. Sandusky, Lauren M. Sompayrac, Wilson T. Sowder, Walker Stamps, Sidney Stillman, Irving J. Strumpf, E. C. Swift, H. M. Taylor, Stewart G. Thompson, F. J. Waas, Ashbel C. Williams, J. Frank Wilson. *Jacksonville Beach*: Adolph Cone. *Key West*: James B. Parramore.

Lakeland: J. W. Annis, J. R. Boulware, Jr., George C. Overstreet, W. L. Tillis. *Lake City*: Harry S. Howell, J. F. Pitman. *Lake Worth*: A. L. Rowe, A. Scott Turk. *Leesburg*: H. Durham Young. *Marianna*: Courtland D. Whitaker. *Melbourne*: Theodore J. Kaminski.

Miami: Lawrence Adler, Julius Alexander, Lassar Alexander, Ralph F. Allen, James L. Anderson, L. L. Andrews, Edward R. Annis, Roger J. Arango, George C. Austin, L. A. Baker, Hubert A. Barge, W. J. Barge, Aaron Bernstein, C. J. Bible, William K. Boros, Laura M. H. Bourne, Andrew G. Brown, Earlsworth C. Brunner, John E. Burch, Reuben N. Burch, Maryland B. Byrne, Bruce D. Carroll, T. Elam Cato, S. Eldridge Chambers, Gail E. Chandler, Marcus B. Cirlin, Geo. D. Conger, Milton M. Coplan, Edmonson S. Couric, Edward W. Cullipher, John E. Dees, Lydia A. Devilbiss, Louise DeVore, John W. Dix, P. L. Dodge, Leonidas W. Dowlen, C. E. Dunaway, J. Gordon DuPuis, Herbert Eichert, James O. Elam, Wm. Harrison Ellis, R. Marshall Faver, F. Geo. Ferre, Willard L. Fitzgerald, Richard M. Fleming, M. Jay Flipse, Roger J. Forastiere, Edward F. Fox, Stanley Frehling, Bessie S. French, Elmo D. French, Tom R. Gammage, Edmond Gamse, Francis W. Glenn, J. Raymond Graves, Ellis B. Gray, Thomas S. Griggs, Ethridge J. Hall, Young L. Hall, Jr., Robert M. Harris, Winston F. Harrison, W. Tracy Haverfield, C. Everett Hebard, Maurice E. Heck, John R. Hilsenbeck, Andrew H. Hinton, L. A. Hodson, William M. Howdon, Jack Humphreys, Thos. W. Hutson, Wm. H. Izlar, Ralph W. Jack, Stewart L. Jeffrey, Leslie M. Jenkins, S. Curtis Johnson, Walter C. Jones, Ferdinand H. Kauders, Jack J. Kaufman, Robert P. Keiser, Paul Kells, Chas. L. Kennon, Morris E. Kuckku, Alexander Kushner, Carlos P. Lamar, William T. Lanier, Geo. W. Lawson, Russell L. Laymon, Frederick LeDrew, Rothwell Lefholz, Alfred G. Levin, Taylor Lewis, George D. Lilly, Wm. D. Lithgow, A. Buist Litterer, Arthur J. Logie, Young C. Lott, Eugene C. Lowe, Joseph H. Lucinian, Robert O. Lyell, John T. McDonald, George N. McDonell, Franklin McElheny, E. N. McKenzie, Geo. E. McKenzie, Jack A. McKenzie, W. W. McKibben, Norman W. McLeod, Jr., Martin Mangels, Jr., P. J. Manson, Dominic A. Marion, M. C. Martin, Willard B. Medlin, Matt. P. Meehan, Alexis M. Melvin, Perry D. Melvin, James H. Mendel, Claude G. Mentzer, Robert F. Mikell, Charles R. Morgan, Jr., Robert S. Mosley, Albert H. Mouradian.

E. Sterling Nichol, Frank O. Nichols, Jas. J. Nugent, Russell K. Nuzum, Robert M. Oliver, Alfred E. O'Neil, Benjamin G. Oren, Thos. O. Otto, Bascom H. Palmer, Manesseh B. Park, Henry A. Parnell, Geo. A. Paulk, Frazier J. Payton, Colquitt Pearson, Homer L. Pearson, Nelson T. Pearson, M. Sewell Pinder, Max Pepper, J. Randolph Perdue, C. Larimore Perry, Edgar Peters, Kenneth Phillips, Benj. G. Pollock, Nester A. Portocarrero, James H. Pitman, G. Raap, Harold Rand, Jack O. W. Rash, Homer A. Reese, Lawson S. Rentz, Robert E. Repass, J. Covington Richardson, John R. Richardson, Sam J. Roberts, C. F. Roche, Hunter B. Rogers, Manning J. Rosnick, Bernard D. Ross, R. W. Rumsey, Walter W. Sacket, Jr., S. Marion Salley, Wiley M. Sams, Ralph S. Sappenfield, Chaffee A. Scarborough, Oden A. Schaeffer, M. A. Schofman, John B. Seeds, E. Clay Shaw, E. Clay Shaw, Jr., Francis C. Skilling, C. Kirby Smith, Donald Wm. Smith, Marvin H. Smith, J. W. Snyder, Robert T. Spicer,

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From where I sit *by* Joe Marsh

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Folks weren't surprised when Bert Childers won first prize for his corn at the county fair last Fall.

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"Trimmings" sure make a difference no matter what you're offering—as Andy Botkin, keeper of the Garden Tavern, well knows. Andy doesn't just sell good beer. He sells it in a place that's attractive . . . in nice surroundings that belong with the enjoyment of a wholesome beverage of moderation.

And Andy, of course, is a wholehearted supporter of "Self Regulation." That's the system by which the Brewers and tavern keepers themselves make sure that taverns selling beer are clean and orderly.

From where I sit, people like Andy also rate a "First prize." Not just for the quality of the product—but for the "trimmings" too.

Joe Marsh

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Miami Shores: Robert A. Meyer. *Miami Springs*: Paul O. Messner, John D. Milton. *North Miami*: Geo. Robin McClary. *Ocala*: Hugh B. Barfield, Carl S. Lytle, Robbins Nettles, Eugene G. Peek, Ralph E. Russell, Harry F. Watt. *Orlando*: Charlotte E. Champion, J. H. Chiles, Louis N. Christensen, C. J. Collins, Leland H. Dame, Edw. T. Furey, Frank D. Gray, R. P Henderson, Eugene L. Jewett, T. Allan Jones, John A. Kelk, George R. Kerr, Duncan McEwan, Carl S. McLemore, Meredith Mallory, Meredith Mallory, Jr., J. Fred Mathers, William S. Mitchell, Paul L. Owens, Samuel F. Ricker, DeVere Ritchie, Jos. G. Seltzer, Wm. H. Spiers, B. E. Taylor, A. Fred Turner, Jr., Richard H. Walker, Walter A. Weed. *Pahokee*: Chas. E. Creel, Geo. W. Elarbee. *Palm Beach*: Bailey B. Sory, Jr. *Panama City*: Don S. Fraser, Martle F. Parker. *Pensacola*: A. M. Ames, Herbert L. Bryans, Mayhew W. Dodson, Sidney G. Kennedy, Jr., Jesse N. McLane, R. P. Stritzinger, Rosa L. Sullivay.

Plant City: Edgar Austin, John A. Coleman, T. C. McGuire. *Pompano*: Geo. S. McClellan. *Quincy*: J. C. Davis, Sterling E. Wilhoit. *Riviera Beach*: Frank M. Hewson. *St. Petersburg*: Arnold S. Anderson, James A. Bradley, Elmer B. Campbell, Miriam M. Drane, Orion O. Feaster, William D. Futch, T. H. Green, Dean W. Hart, Robert D. Hollowell, H. P. Knapper, Orville N. Nelson, Selmer P. Smiseth. *Sanford*: Orville L. Barks, Wade H. Garner, Thomas F. McDaniel, Harry Z. Silsby. *Sarasota*: J. C. Patterson, Hugh G. Reaves. *Sebring*: Leldon W. Martin.

Tallahassee: Harold O. Hallstrand, Francis T. Holland, O. G. Kendrick. *Tampa*: C. A. Andrews, Charles W. Bartlett, W. C. Blake, G. C. Bottari, Frank V. Chappell, Edith M. Corlew, Lewis T. Corum, Oren A. Ellingson, J. L. Estes, S. B. Forbes, Elsie M. Gilbert, Charles M. Gray, James C. Griffin, Jr., H. Phillip Hampton, Samuel G. Hibbs, S. Roy Higginbotham, Jr., E. B. Maxwell, Hugh E. Parsons, Neal J. Phillips, E. R. Rickard, Wm. M. Rowlett, Jos. J. Ruskin, H. Mason Smith, Alvord L. Stone, Joseph W. Taylor, Wesley W. Wilson. *Tarpon Springs*: Wm. J. Clough. *Vero Beach*: E. B. Hardee. *West Palm Beach*: W. Wellington George, Richard S. Gill, Percy I. Hopkins, Vesey M. Johnson, Fred E. Manulis, David W. Martin, Jos. Lloyd Netto, David A. Newman, James C. Nowling, Ralph M. Overstreet, Jr., W. Y. Sayad, James R. Sory, Edgar W. Stephens, Harry A. Wakefield, Wm. Hawley Weems. *Winter Haven*: Waldo Horton, Robert J. Jahn, L. E. Parmley. *Winter Park*: Paul Foster, Ruth S. Jewett.



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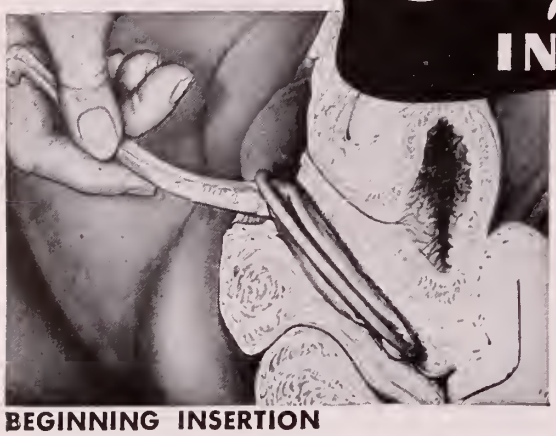
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COMPONENT COUNTY SOCIETIES

BREVARD

The Brevard County Medical Society has paid 100 per cent of its State Association dues for 1946. Heading this society are Dr. A. F. Thomas, president and Dr. I. K. Hicks, secretary.

ESCAMBIA

At a recent meeting, the Society passed the following memorial resolutions with respect to the death of Dr. John Samuel Turberville:

"By the untimely passing of Dr. John Samuel Turberville, the medical profession of this state has lost one of its oldest and most esteemed members. Dr. Turberville was loved and respected by all who knew him, and he occupied a unique place of dignity and respect in the profession, not only of this state but of the surrounding states. He was a past president of the Florida Medical Association, the Escambia County Medical Society and the Chattanooga Valley Medical and Surgical Association, and Vice President of the Gulf Coast Clinical Society. He was a fellow of the American Medical Association, of the American College of Surgeons and of the Southeast Surgical Congress. The medical profession is fortunate in possessing many scientific articles which Dr. Turberville contributed to medical journals. Much of his time and unusual skill were devoted to the study of cancer. His untimely passing came only a few days before an annual conference for cancer control, which he had sponsored for several years. This work in itself will place his name forever high among the important and useful citizens of his state. Dr. Turberville was known affectionately as "Doctor Sam" by his professional colleagues and his patients. It was through his untiring efforts that a hospital was built in Century in 1905. He thus brought modern hospital facilities to a large area. Many a suffering person found care and treatment who might not otherwise have enjoyed the benefits of hospital and medical aid.

Therefore be it resolved that Escambia County Medical Society express its sorrow and sense of loss at Dr. Turberville's death and make this salute to his character and faithful service for record in its minutes.

Herbert Bryans
W. C. Payne
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Advertiser's Notes

The $34,000 prize contest for physicians' art work on the subject of "Courage and Devotion Beyond the Call of Duty" will be judged at the Atlantic City Centennial Session of the A.M.A. at Atlantic City June 9-13, 1947.

Art works on other subjects may also be submitted for the regular cups and medals.

For full information, write Dr. F. H. Redewill, Secretary, American Physicians Art Association, Flood Building, San Francisco, Calif., or to the sponsor, Mead Johnson & Company, Evansville 21, Ind., U.S.A.

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Dear Doctors' Wives:

During the recent war years, a number of the county units of the Woman's Auxiliary to the Florida Medical Association became inactive. Of these, some are already making plans to reorganize, and a foundation is being laid for the organization of others.

In the educational program for this year, the Auxiliary was given seven charges by the President of the Florida Medical Association, Dr. Shaler Richardson, and two were added by the President of the Auxiliary, Mrs. C. H. Murphy. All of these charges require the organization and cooperation of the wives of the doctors. The medical legislation being widely discussed at present is of vital interest to all of us, and we wives of doctors believe that we can materially assist in the work of our husbands by banding together and being informed in medical matters of the day in which the general public is greatly interested. We are opposed to all political medicine and are for the plan sponsored by the American Medical Association, but unless we know why we are for or against political medicine and are well informed on this legislation, we will not be able to disseminate the correct information through the various social and civic groups with which we are affiliated. It is through the medical auxiliary that this objective may be accomplished most effectively.

In the annual report of the Auxiliary there was record of 6 county auxiliaries with a membership of 177. Since this report was made, the membership has greatly increased. It is the desire of the Auxiliary to have every doctor's wife become a member, for we are the auxiliary to a parent organization which needs our aid and expects us to carry out the objectives assigned to us. The organization chairman of each active county auxiliary is asked to contact the wife of every returning doctor and invite her to become a member. She is also asked to invite others who are eligible to join, but have never done so.

If you do not have an auxiliary in your county, you are urged to become a member-at-large until the time when your county has an organization. Please send the annual membership fee of $1 to the Treasurer, Mrs. C. D. Rollins, 1402 Miami Road, Jacksonville 7, on or before March 15, 1947, the end of the fiscal year. This includes state and national dues; or you may send $2, which includes state and national dues plus a year's subscription to the Bulletin. This publication carries the official program of the national organization and annual reports of each state auxiliary. In addition, it contains valuable information concerning auxiliary and general health affairs with which every doctor's wife should be familiar.

We are proud of the increase in membership and also of the progress made in organizing new auxiliaries, but the success of these and others depends upon the interest taken by all the doctors' wives. If there is not an auxiliary in your county and you are interested in having one organized, write to the Organization Chairman. She will be happy to assist you in any way possible.

Sincerely yours,

Mrs. L. E. Parmley, Chairman,
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Two Weeks Surgical Pathology every two weeks.

GYNECOLOGY—Two Weeks Intensive Course starting March 17, and April 14.
One Week Course in Vaginal Approach to Pelvic Surgery starting March 10 and April 7.

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
la Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, April 21-23, 1947
la Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	
Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	
Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	
Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	
ican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
ern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
ma Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
ia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
la—			
tion, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
ic Science Exam. Board	Ezda M. Devirey, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	
ital Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
m. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
lth Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
spital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
spital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
ustrial & Railway Surgeons	F. A. Vogt,Miami	J. H. Mitchell, Jacksonville	Miami, 1947
dical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	
dical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
dical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Mr. H. A. Cross, Jacksonville	
rses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
ithal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
hological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
iatric Society	Councill C. Rudolph, St. Petersburg	Robert Blessing, Ft. Lauderdale	Miami, 1947
rmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers.	Tampa, 1947
olic Health Association	George A. Dame, Jacksonville	Miss Elsie Hyatt, Jacksonville	
diological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
berculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
Sec. Am. Cong. Phys. Ther.	John J. McQuire, Pensacola	Kenneth Phillips, Miami	
Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss., Apr. 10-12, 1947
eastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City				
	Escambia *Santa Rosa*	Carol C. Webb, M.D. 24 W. Chase St. Pensacola	Lee Sharp, M.D. 24 W. Chase St. Pensacola	2nd Tuesday 8:00 P.M.			A-1-48 Wm. C. Roberts, M.D. Panama City
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months			
	Jackson *Calhoun*	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.			
	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.			
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon				
B	Columbia *Baker, Hamilton*	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.			A-2-47 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 8:00 P.M.			
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison				
	Taylor *Dixie, Lafayette*	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M			
	Alachua *Bradford, Gilchrist, Union*	Chester F. Ahmann, M.D 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.			B-3-48 Vernon A. Lockwood M.D. St. Augustine
	Duval *Clay*	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.			
	Marion *Levy*	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.			
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.			
	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.			
	St. Johns	G. W. Potter, M.D. 68 Valencia St. St. Augustine	S. R. Cafaro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.			
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday			B-4-47 C. McK. Tyre, M.D Eustis
	Lake *Sumter*	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.			
	Orange *Osceola*	G. Page, M.D. 322 E. Central Orlando	J. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.			
	Seminole	Orville L. Barks, M.D. Sanford	Frank L. Quillman, M.D Box 158 Sanford	2nd Tuesday 5:30 P.M.			
	Volusia *Flagler*	Evans B. Wood, M.D. Box 5295 Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.			
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.			C-5-47 W. Wardlaw Jones, M.D. Dade City
	Manatee	Willett E. Wentzel,M.D Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.			
	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.			
	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.			
	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacker, M.D. Terrell Apts. Sarasota	2nd Tuesday 8:30 P.M.			
	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia				
	Lee *Collier, Hendry*	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.			C-6-48 James R. Boulware, M.D. Lakeland
	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.			
D	Palm Beach	Guy W. Heath, M.D. 409 Harvey Bldg. W. Palm Beach	William H. Weems, M.D 410 Citizens Bldg. W. Palm Beach	3rd Monday 8:00 P. M.			D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.			
	Broward	Francis D. Pierce, M.D. 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 314 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.			D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.			
	Monroe	James B. Parramore, M.D 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.			

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Russell, H.G.B., abstracted, Proc. Roy. Soc. Med. 36:401.



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*Frazer, J. G.: The Golden Bough, vol. 1, New York, Macmillan & Co., 1923



It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with the rising of the sun, the light of which we now know is in itself one of Nature's specifics.

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIII FEBRUARY, 1947 No. 8

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Editorials

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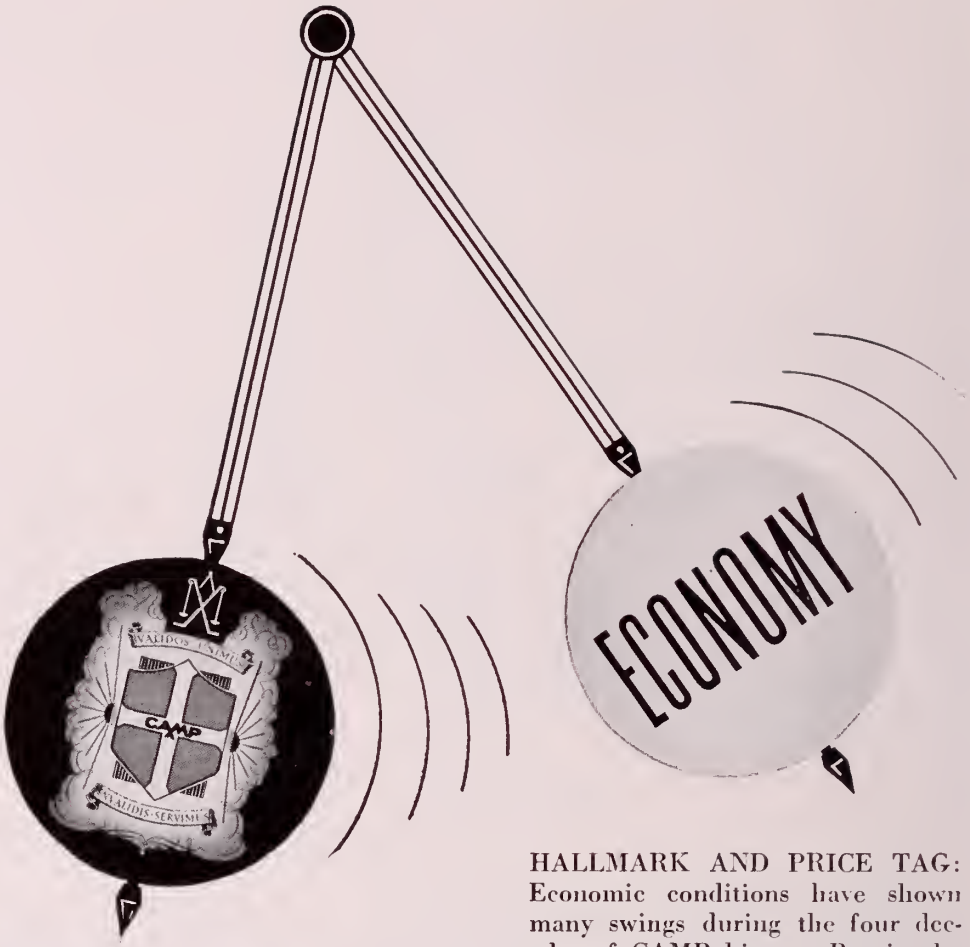
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Cawthorne, T.: The Treatment of the Common Cold, Clin. Sup. to King's College Hosp. Gaz. 18:iii.

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Between office treatments, Benzedrine Inhaler, N.N.R., affords quick and effective symptomatic relief to those patients whose chief complaint is nasal congestion and discomfort. The Inhaler produces a shrinkage equal to, or greater than, that produced by ephedrine—and approximately 17% more lasting.

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VOLUME XXXIII
NUMBER 8

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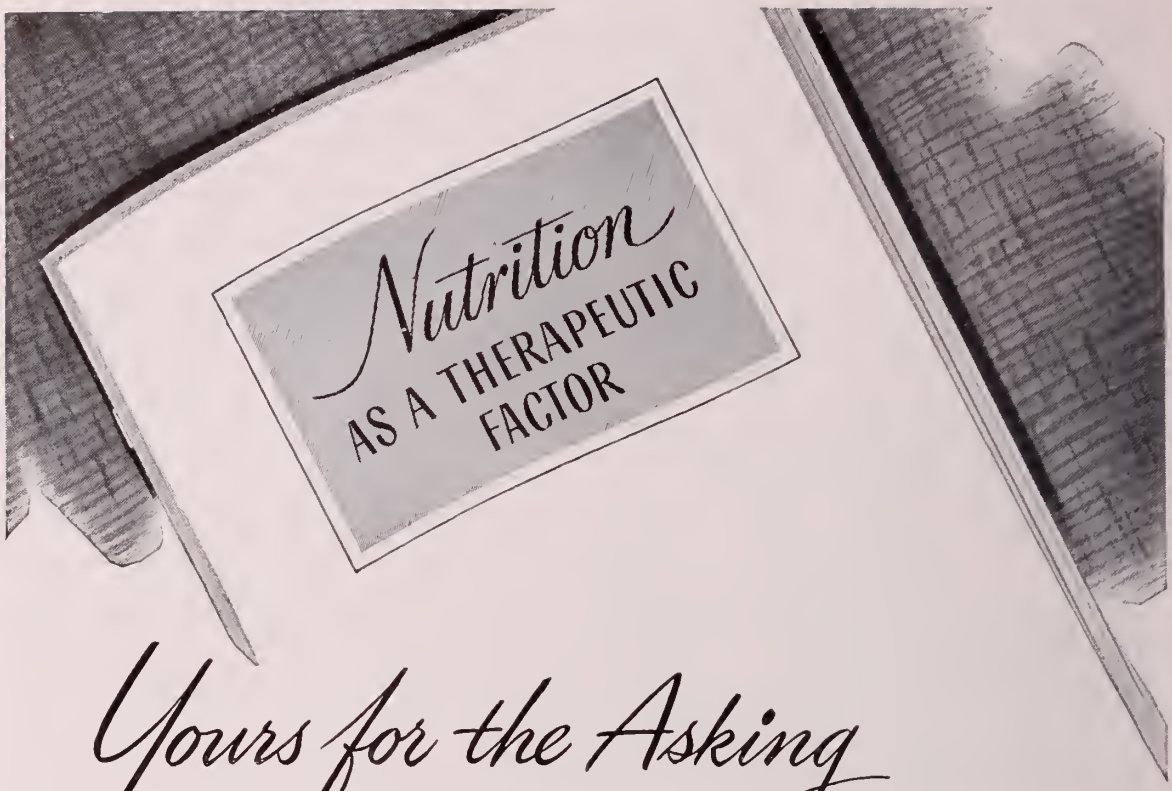
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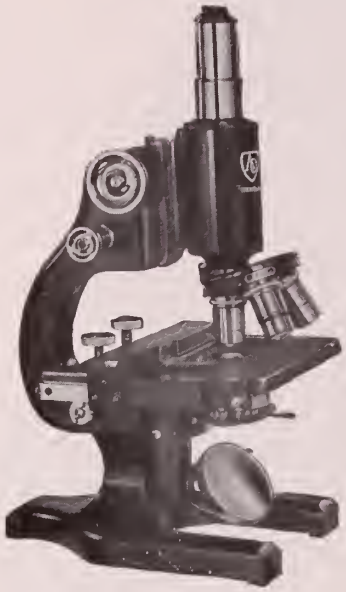
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1. Am. J. Dis. Child. 66:1 (July) 1943

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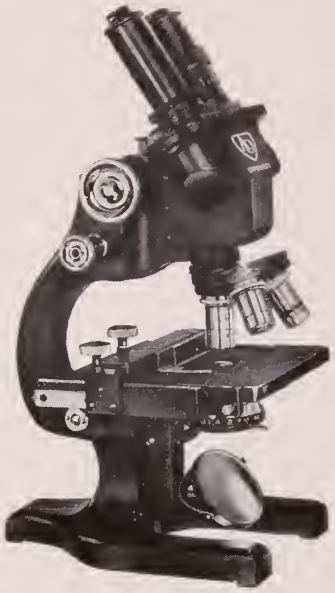
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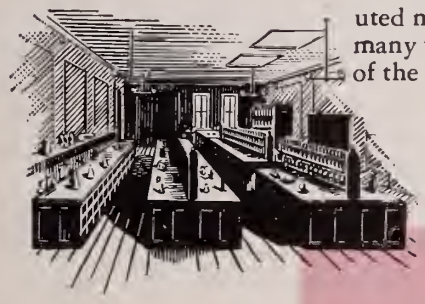
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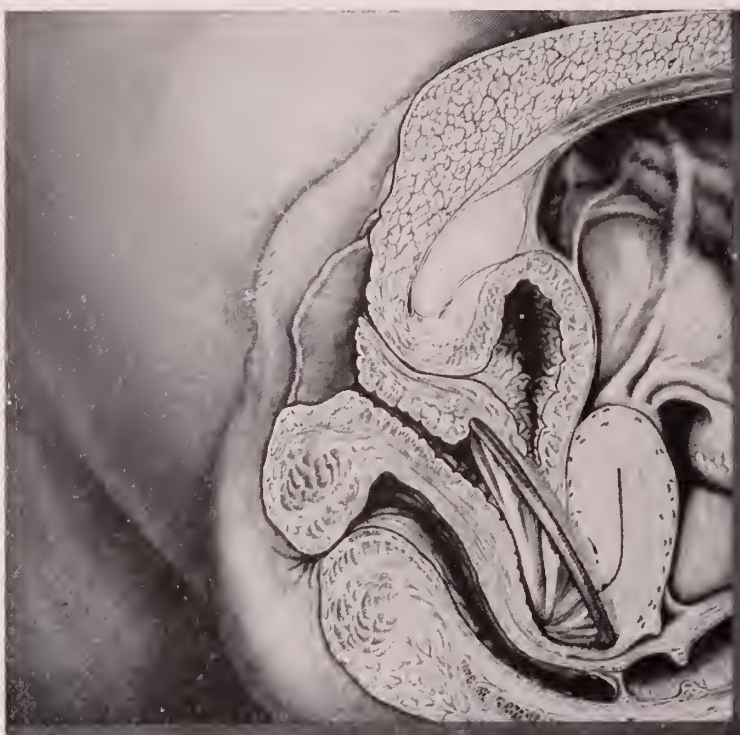
Collaborating with Theophilus Redwood, he compiled "Practical Pharmacy", the first textbook of its kind published in this country; as editor of the American Journal of Pharmacy, Procter contributed no fewer than 550 original articles, and made many valuable contributions to successive editions of the U. S. Pharmacopoeia.



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1. Dickinson, R. L.: Techniques of Conception Control. Baltimore, Williams and Wilkins Co., 1942.
2. Eastman, N. J., and Scott, A. B.: Human Fertility 9:33 (June) 1944.
3. Warner, M. P.: J. A. M. A. 115:279 (July 27) 1940.

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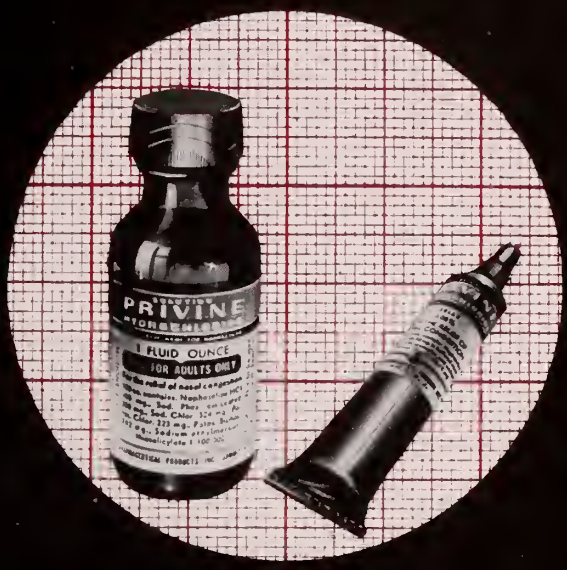
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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
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THE ROLE OF THE RH FACTORS IN CLINICAL MEDICINE

J. N. PATTERSON, M. D.
TAMPA

In 1940 when Landsteiner and Wiener[1] reported the discovery of the Rh factor in human blood, they, in reality, opened a new chapter in clinical medicine because with an understanding of the role of this agglutinogen in red blood cells came a satisfactory explanation of nearly all cases of intragroup hemolytic reaction[2, 3 a b] and of erythroblastosis foetalis.[4,5,6] Everyone is familiar with the four different blood groups classified by Landsteiner as O, A, B and AB (Jansky I, II, III, IV, or Moss IV, II, III, I) which are determined by the agglutinogens in red cells and agglutinins in the serum, and also with the dangerous and often fatal transfusion reaction which occurs when blood of an incompatible group is given. Since Landsteiner's original work at the beginning of this century, other agglutinogens such as A_1, A_1B, M, N, P and Hr have been discovered, and no doubt still other agglutinogens remain to be recognized. The Rh factor, with the exception of the Hr factor, is the newest member of the large agglutinogen family found in erythrocytes.

As a result of the brilliant basic work of Landsteiner in blood grouping, transfusions, largely through the efforts of Hektoen and other pioneers, became a highly beneficial and relatively safe procedure with only a small percentage of reactions and few deaths. Even, however, when blood of the same group or group 0 blood (universal donor) was administered, a few well authenticated reactions and an occasional death, not due to pyrogens, were reported as intragroup hemolytic reactions.[7,8,9] Ninety per cent of these intragroup reactions are now explained on the basis of the Rh factor.[3 b]

In searching for new properties in human blood, Landsteiner and Wiener[1] injected the blood of rhesus monkeys into rabbits and obtained an antiserum which agglutinated not only all rhesus monkey blood but also the blood of approximately 85 per cent of white persons, irrespective of their blood group, (O, A, B, AB) or blood types (M, N, MN, P and others). This new property in human blood was designated Rh, obviously an abbreviation of the word rhesus. Persons whose red cells are agglutinated by this serum are termed as Rh-positive since they have the Rh factor in their erythrocytes. Persons whose cells are not clumped by this serum are designated Rh-negative since this factor is absent from their red blood cells.

Normally there are no anti-Rh agglutinins or other antibodies against this agglutinogen in one's blood serum. Sensitization can occur only in an Rh-negative person who has been immunized against this factor either by: (1) transfusions in men or women in which case the donor's Rh-positive cells acted as the immunizing agent, or (2) in women in whom the antigenic stimulus was the Rh factor from a fetus in utero. In the latter instance the Rh factor was transmitted from the father to the child as a mendelian dominant. If a person who has become so immunized against the Rh factor, whether by previous blood transfusions or from transplacental passage, is given a transfusion of Rh-positive blood, a hemolytic transfusion reaction will occur and this may be as severe as one produced when blood of another group is administered through error. In 90 per cent of cases of intragroup hemolytic reaction there are an Rh-negative recipient and Rh-positive donor. In nearly all of these patients antibodies against the Rh factor can now be demonstrated. An explanation for the other 10 per cent of reactions will be given later in this paper.

I have spoken so far chiefly of transfusion reaction and only mentioned erythroblastosis foetalis in passing. If anti-Rh antibodies in a pregnant woman carrying an Rh-positive fetus pass back through the placenta into the fetal circulation, then destruction of the red cells of the fetus will occur, as established by Levine, Katzin, Burnham and Vogel.[4,5,6] This results in one or another of the manifestations of erythroblastosis foetalis, better called hemolytic disease of the fetus and the newborn since the underlying process of the disease is destruction of the red cells. The manifestations of this disease vary from mild anemia, jaundice, erythroblastosis and fetal hydrops to a macerated hydropic stillborn fetus. Fortunately, only about 3 per cent of Rh-negative women married to Rh-positive men will become immunized against the Rh factor. [3c10] The more pregnancies such a

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couple have the more opportunity for immunization. Sensitization and birth of an erythroblastotic child do not occur at the first pregnancy unless the mother has been previously immunized by a transfusion of Rh-positive blood. If the father is homozygous (RhRh) for the Rh factor, then all the children will be Rh-positive since the Rh factor is dominant, even though one gene of each fetus comes from the mother and one from the father. If the father is heterozygous (Rhrh) only half of the children would be expected to be Rh-positive and half Rh-negative. Obviously in this latter condition the chances of immunizing the mother against the Rh factor would only be half those of the former. Likewise, the chances of having an erythroblastotic infant would be similarly decreased for only an Rh-positive fetus would be affected. Striking examples have been reported in the literature of the birth of twins, the Rh-positive child being stillborn or having typical findings of congenital hemolytic disease and the Rh-negative child being perfectly normal. In 90 per cent of the cases of erythroblastosis foetalis the Rh factor is responsible. The triad of Rh-negative mother, Rh-positive father and Rh-positive child is present.

Up until now I have used the term Rh factor instead of factors. When the discovery of this property of human bloods was announced, it was thought that only one Rh factor was present because all animal immune anti-Rh serums gave parallel reactions when tested against the blood of rhesus monkeys and man. Anti-Rh serums derived from Rh-negative persons immunized against Rh-positive blood by either transfusions or pregnancies varied, however, in their specificity so that there are now recognized different types of anti-Rh human serum due to three different agglutinins designated as Rh_0, Rh′ and Rh″.[3b,10] The standard or anti-Rh_0 serum corresponds to the animal immune serums giving 85 per cent positive reactions while anti-Rh′ reacts with only 70 per cent and anti-Rh″ agglutinates the blood of only 30 per cent of white people. The picture is further complicated by the fact that although the three agglutinins do exist independently, various combinations may be present in the same person. For example, when anti-Rh_0 and anti-Rh′ exist in the same serum, it will agglutinate 87 per cent of all white persons. By means of the three serums named, it is possible to classify eight Rh blood types as shown in table 1 instead of two (Rh-positive and Rh-negative).

Ideally the blood of each patient should be tested against all three serums and only blood of the same subtype given. This is impractical because of the scarcity of all types of anti-Rh serums and particularly of anti-Rh″. The minimum procedure should be to test all patients with the standard anti-Rh_0 serum and if the reaction is negative, to use Rh-negative blood. It is true that an occasional Rh-positive person will be missed by this procedure, but, as Wiener[3b] pointed out, persons of the rare types Rh′ and Rh″ are practically equivalent to Rh-negative persons clinically, and since the Hr factor which is present in Rh-negative blood is a poorer antigen than the Rh_0 factor which is present in most Rh-positive bloods, it is less likely to bring about sensitization.

The fact that there are these different types of Rh blood explains a portion of the 10 per cent of reactions in which the patient is not Rh-negative, but is Rh-positive. In these instances the sensitized person has been immunized against one of the Rh factors not present in the blood of the recipient as, for example, an Rh′ person being sensitized against the Rh_0 factor.[3d] These cases are uncommon, but together with those few due to sensitization against the A or other factors,[2e f] they

Table 1.—Rh Types
Three Antiserums Determine Eight Rh Types

Anti-Rh_0 (85%)	Anti-Rh′ (70%)	Anti-Rh″ (30%)	Phenotype	*Incidence
—	—	—	rh	13.0
—	+	—	Rh′	1.5
—	—	+	Rh″	0.5
—	+	+	Rh′Rh″	0.1
+	—	—	Rh_0	2.5
+	+	—	Rh_1 (Rh_0′)	50.0
+	—	+	Rh_2 (Rh_0″)	17.4
+	+	+	Rh_1Rh_2	15.0
				100.0

*White persons
Approximately 85% of white population are Rh+[10]
Approximately 95% of Negro population are Rh+
Approximately 99% of Chinese population are Rh+

do explain some of the intragroup hemolytic reactions occurring in Rh-positive recipients of transfusions and Rh-positive mothers of erythroblastotic children.

The majority, however, of the 10 per cent of reactions not explained by the Rh factor are due to the Hr factor which is present in all Rh-negative bloods and in all Rh-positive bloods except for certain bloods homozygous for the Rh′ gene.[6,3b e,11] In other words, these phenotype Rh′ persons of the genotype Rh′Rh′ (but not Rh′rh) and those phenotype Rh_1 persons of the genotype Rh_1Rh_1 or Rh_1Rh' (but not those Rh_1rh, Rh_1Rh_0 or $Rh'Rh_0$) are Hr-negative (although Rh-positive) and therefore may become immunized against the Hr factor. These sensitized persons have anti-Hr agglutinins in their blood as can be demonstrated by testing them against Group O Rh-negative red blood cells. In Hr sensitization the mother and child are always Rh-positive while the father can be either Rh-positive or Rh-negative, but must be Hr-positive.

Every pregnant Rh-negative woman who has had a previous Rh-positive child (or a previous transfusion of Rh-positive blood), and who is married to an Rh-positive man should be tested for Rh sensitization. If her blood is examined for anti-Rh agglutinins, blocking antibodies and glutinins by the third month of pregnancy, immunization from the previous pregnancy (or transfusion) can be detected and, if present, the titer determined. She should be checked again at the seventh month and monthly thereafter. If sensitization is detected at this time or there is a rise in the titer, she should be examined every two weeks thereafter. If the titer continues to rise, a decision must then be made as to whether early delivery should be carried out in an effort to save the child from further damage by the maternal antibodies. The hazards of prematurity and cesarean section, if performed, must be weighed against the damage produced by Rh antibodies.

When an infant is born with, or shortly after birth there develop, signs of hemolytic disease, transfusion of Rh-negative blood is a life-saving measure in most cases. If an Rh-negative donor is not on hand, 75 cc. of the mother's twice saline-washed red cells suspended in either physiologic saline or in compatible plasma (but not the mother's plasma which contains the anti-Rh agglutinins) can be given.[3b c] As many small transfusions of Rh-negative blood as needed to maintain a satisfactory hemoglobin level, or about 12 Gm., should be given. It is obvious that even though the infant is Rh-positive, Rh-negative blood must be used, for otherwise the antibodies in the infant's serum derived from the fetus in utero would cause further damage by clumping the transfused cells.

SUMMARY

The history and the mechanism of immunization to the Rh factors have been reviewed.

Ninety per cent of all intragroup hemolytic reactions occur in Rh-negative recipients receiving Rh-positive blood. These persons have been sensitized to the Rh-factor by previous transfusion of Rh-positive blood or by transplacental passage of the Rh factor.

Ten per cent of intragroup hemolytic reactions are found in Rh-positive recipients receiving either Rh-positive or Rh-negative blood. In most of these cases sensitization has occurred against the Hr factor. One of the Rh factors present in the donor but not present in the recipient may, however, be the etiologic agent in a smaller number of reactions in Rh-positive recipients while in still others A, B, M or other agglutinogens are involved.

In 90 per cent of all cases of hemolytic disease of the fetus and newborn (erythroblastosis foetalis) the triad of Rh-negative mother, Rh-positive father and Rh-positive fetus is present. The mother has become sensitized to the Rh factor by previous transfusion or by transplacental passage of Rh-positive fetal cells from this or former pregnancies. The back passage of the anti-Rh maternal antibodies into the fetal circulation destroys the infant's erythrocytes. The importance of giving transfusions of Rh-negative blood to these babies so as to maintain an adequate hemoglobin level is stressed.

In the majority of the remaining 10 per cent of cases of hemolytic disease, the mother is Rh-positive and has been immunized against the Hr factor. In a small portion of this group there is immunization against one of the Rh factors or other agglutinogens not present in the mother but present in the child.

A suggested schedule for testing for anti-Rh antibodies in Rh-negative women married to Rh-positive men is set forth. This is especially recommended in pregnant women who have given birth to a macerated fetus or a living child who showed any of the various manifestations of erythroblastosis foetalis.

It should be emphasized that Rh-negative persons, particularly young girls and women in the child-bearing age, should never be given Rh-posi-

tive blood. To do so may deprive them of an opportunity to have a normal child.

REFERENCES

1. Landsteiner, K., and Wiener, A. S.: An Agglutinable Factor in Human Blood Recognized by Immune Sera for Rhesus Blood, Proc. Soc. Exper. Biol. & Med. **43**:223 (Jan.) 1940.

2. Wiener, A. S., and Peters, H. R.: Hemolytic Reactions Following Transfusions of Blood of Homologous Group, with Three Cases in Which the Same Agglutinogen Was Responsible, Ann. Int. Med. **13**:2306-2322 (June) 1940.

3. Wiener, A. S.: (a) Hemolytic Reactions Following Transfusions of Blood of the Homologous Group; Further Observations on the Role of Property Rh, Particularly in Cases Without Demonstrable Isoantibodies, Arch. Path. **32**:227-250 (Aug.) 1941; (b) The Rh Blood Types and Some of Their Applications, Am. J. Clin. Path. **15**:106-121 (March) 1945; (c) Pathogenesis of Congenital Hemolytic Disease (Erythroblastosis Fetalis) 1. Theoretic Considerations, Am. J. Dis. Child. **71**:14-24 (Jan.) 1946; (d) Role of Subtypes of Rh in Hemolytic Transfusion Reactions and in Erythroblastosis Fetalis, Am. J. Clin. Path. **14**:52-60 (Jan.) 1944; (e) Recent Advances in Knowledge of the Rh Blood Factors, with Special Reference to the Clinical Applications, Tr. & Stud. Coll. Physicians, Philadelphia, **13**:105-122 (Dec.) 1945; (f) Subdivisions of Group A and Group AB; Isoimmunization of A^2 Individuals Against A^1 Blood, with Special Reference to the Role of the Subgroups in Transfusion Reactions, J. Immunol. **41**:181-199 (June) 1941.

4. Levine, P.; Katzin, E. M., and Burnham, L.: Isoimmunization in Pregnancy; Its Possible Bearing on the Etiology of Erythroblastosis Foetalis, J. A. M. A. **116**:825-827 (March 1) 1941.

5. Burnham, L.: The Common Etiology of Erythroblastosis and Transfusion Accidents in Pregnancy, Am. J. Obst. & Gynec. **42**:389-397 (Sept.) 1941.

6. Levine, P.; Burnham, L.; Katzin, E. M., and Vogel, P.: The Role of Iso-Immunization in the Pathogenesis of Erythroblastosis Fetalis, Am. J. Obst. & Gynec. **42**:925-937 (Dec.) 1941.

7. Culbertson, C. G., and Ratcliffe, A. W.: Reaction Following Intragroup Blood Transfusion; Irregular Agglutinin Demonstrated by the Sensitive Centrifuge Test Method, Am. J. M. Sc. **192**:471-475 (Oct.) 1936.

8. Neter, E.: Observation on Abnormal Isoantibodies Following Transfusions, J. Immunol. **30**:255-259 (March) 1936.

9. Levine, P., and Stetson, R. E.: An Unusual Case of Intragroup Agglutination, J. A. M. A. **113**:126-127 (July 8) 1939.

10. Elliott, John (Sc. D.): Personal communication to the author.

11. Levine, P.: The Pathogenesis of Erythroblastosis Fetalis; Review, J. Pediat. **23**:656-675 (Dec.) 1943; correction **24**:221 (Feb.) 1944.

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DISCUSSION

DR. DAVID R. MURPHEY, Tampa: This is a subject which has attracted great interest for the last three years both in the professional and lay press. It is a subject with which all physicians must be familiar because of the frequency with which they are questioned regarding it by patients or acquaintances. In addition, no physician can neglect the Rh factor, particularly if he is using blood transfusions. With the increased use of blood this problem is becoming more important.

In the Army in over a thousand transfusions in critically injured aviators medical officers followed the procedure as outlined by Dr. Patterson and had no hemolytic reactions. I do not mean we did not see pyrogenic reactions, but we had no hemolytic reactions. In other words, we never gave Rh-positive blood to an Rh-negative patient. If we were forced to use Rh-positive blood as an emergency measure, it was never used except in the initial transfusion. At times it was difficult in patients receiving multiple transfusions over days or weeks to obtain Rh-negative blood, but we did manage to use only Rh-negative blood.

I think there are several points that should be emphasized and which Dr. Patterson brought out, but which we might lose sight of when he puts this complicated slide on the board illustrating the mechanism of the Rh factor.

In obstetrics, no woman should be given a postpartum transfusion of Rh-positive blood if she is Rh-negative even though she has never been pregnant before. We are frequently asked by patients who have had one child and found that they were Rh-negative and their husbands Rh-positive what they should do. Just as Dr. Patterson pointed out, most erythroblastosis foetalis occurs after multiple pregnancies. Second pregnancies are probably safe. The amount of antibodies in the patient's blood should be determined either prior to the pregnancy or before the third month. By this test one can tell how greatly the woman has been sensitized by previous pregnancies. During the course of pregnancy the titer should be checked, and if it is rising dangerously, the pregnancy can be terminated by cesarean section. The chances of obtaining a healthy baby will be increased.

I thank you.

DR. NELSON A. MURRAY, Jacksonville: I should like to thank Dr. Patterson for bringing to the members today a reminder of the large number of Rh factors with which we are faced. It has been stated that, in the final analysis, each individual will probably have so many different characteristics of his own blood that it will be just as accurate a means of identification as fingerprints.

One point which I should like to emphasize is the time of the mother's sensitization to the Rh antigen. If the mother is sensitized early in pregnancy, there is some possibility of delivering a live baby; if the mother's sensitization occurs in the latter part of pregnancy, there usually is a stillborn infant or a live erythroblastotic infant.

Another point always to take into consideration is the permanency of the Rh sensitization and the minute quantities of blood required for sensitization. A case has been reported of a mother who delivered an erythroblastotic infant, and thirty years later demonstrable agglutinins were found in her blood. Young girls and women in the child-bearing age should only receive Rh compatible blood if they need a transfusion. An Rh-negative girl or woman receiving Rh-positive blood via transfusion may forever lose her chances of having a normal child.

From the laboratory standpoint, I think the main thing we need is a good serum with high titer; we should know where the serum comes from and what the titer is. Also, we should have an expert technician to make the test. Multiple tests should be made. One test does not answer all questions. In order to obtain more information, we must, in addition to the regular Rh test, perform the so-called blocking and conglutination tests.

Another recent advance is the substitution of serum for saline as a diluent.

From a practical standpoint, all patients should have the Rh test if they are to receive transfusions or are in the obstetric ward. We should use only Rh-negative compatible blood in those who are Rh-negative.

One question I should like to ask Dr. Patterson: What is the percentage of stillborn erythroblastotic infants as compared to the percentage of infants stillborn because of syphilis? Is the Rh factor more important in cases of stillbirth than syphilis? One hospital recently reported that out of 5,000 cases tested there was not one syphilitic infant or syphilitic mother found. I believe that the Rh factor is now just as important as syphilis in these cases.

I thank you.

JOHN ELLIOTT, ScD., Blood Bank of Dade County, Miami: Dr. Patterson is to be congratulated on his excellent presentation of the Rh factor, one of the most interesting and important subjects in medicine. It is so complex that it is difficult to present the subject in the short time allotted to Dr. Patterson, but I am sure that all got a good deal from his presentation.

There are several points brought out by Dr. Patterson which I should like to emphasize. The first is the extreme importance of routine Rh testing of all donors and recipients and the use of Rh compatible blood only for transfusion. When Rh-positive blood is transfused into Rh-negative recipients, hemolytic reactions will occur only when the recipient has been previously immunized by transfusion or pregnancy. Some Rh-negative recipients, however, will be immunized so that subsequent transfusions of Rh-positive blood will cause serious reactions. Also, of equal or greater importance, will be the immunization of some female infants, children and women before pregnancy so that it will be impossible for them to have a living baby or one which will not suffer from erythroblastosis foetalis.

Rh immunization occurs in only from 2 to 4 per cent of Rh-negative recipients of Rh-positive blood or Rh-negative women carrying an Rh-positive fetus. The dis-

ease is not common, and its importance lies in the high mortality of erythroblastotic babies and recipients having hemolytic transfusion reactions due to Rh incompatibility.

The second point to be emphasized is that 90 per cent of the cases of hemolytic disease of the newborn are caused by immunization of an Rh-negative mother by an Rh-positive fetus. The remaining 10 per cent are due to Hr or ABO group incompatibility or disease of the fetus.

Dr. Patterson brought out in his paper and Dr. Murphey and Dr. Murray emphasized in their discussion that Rh immunization of a mother can be detected and the Rh type of the fetus in utero can be determined in many cases by testing the mothers' serum for Rh antibodies.

The first tests should be made before the third month of the pregnancy so that it can be determined whether or not the antibody is carried over from a previous immunization by transfusion or pregnancy. If the first antibody studies indicate that the Rh antibody is present in the mother's serum, tests should be carried out at monthly intervals until the seventh month and at two week intervals thereafter until delivery.

When the titer of the Rh antibody decreases or does not increase, it is probable that the fetus is Rh-negative and the baby will not suffer from erythroblastosis. When the Rh antibody titer increases, this is presumptive evidence that the fetus is Rh-positive and the mother's immunity has been stimulated. In such cases the prognosis for the fetus is not good. Hemolytic disease will start early and be progressive. There is little possibility, especially when the obstetric history is bad, that the baby will survive if delivered at term. Since the disease of the fetus in utero is progressive, the only possible chance for a living baby may be early delivery.

When the antibody studies before the fourth month give negative results, no further tests need be made until the seventh month. The studies should then be resumed and carried out at two week intervals until delivery. If no antibody is demonstrated, the fetus is Rh-negative, the mother has not been immunized or her immunity has not been stimulated, and it is improbable that the baby will be affected by erythroblastosis.

When the Rh antibody is demonstrated, the fetus is Rh-positive and will suffer from erythroblastosis. The severity of the disease will depend upon the time of immunization of the mother and the kind of Rh antibody produced. The kind of antibody produced is perhaps of greater importance than the titer, and the obstetric history is of the greatest importance in determining the time for delivery.

Early delivery is not indicated simply because the mother is Rh-negative and the father is Rh-positive, nor is it indicated for the sole reason that the obstetric history is bad. It must be always remembered (1) that many Rh-negative mothers are not immunized even by multiple pregnancies with an Rh-positive fetus, (2) that the Rh-positive fathers may be heterozygous so that 50 per cent of the babies will be Rh-negative, and (3) that until the obstetric history proves otherwise, the erythroblastotic newborn infant has a chance to survive with proper treatment when delivered at term. Treatment would be with Rh-negative blood. The indication for early delivery exists only when the obstetric history indicates that the newborn infant's chance for survival at term is limited or impossible and it is proved by antibody studies that the fetus is Rh-positive and the mother is immunized.

Dr. Patterson, concluding: It has been brought to my attention that perhaps there may be some confusion in my use of the terms immunization and sensitization in this paper. They were used interchangeably.

One point to be stressed in the transfusion of Rh-negative blood to infants suffering from hemolytic disease is that if an Rh-negative person is not readily available, the two times washed red blood cells of the mother suspended in either compatible plasma or in physiologic saline should be used. If the infant has any agglutinins, they were derived from the mother; so, therefore, they could not agglutinate her transfused cells.

In regard to Dr. Murray's question, I do not remember the statistics, but I am certain the Rh factor is a much more frequent cause of stillbirth than is syphilis.

I wish to thank the discussors of my paper for their fine presentations.

LIGATION OF THE INFERIOR VENA CAVA FOR THE PREVENTION OF PULMONARY EMBOLISM

REPORT OF A CASE

FREDERICK HARDY BOWEN, M. D.,
HORACE M. ANDERSON, M. D.
AND
ROBERT W. STARBUCK, M. D.
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Ligation of the inferior vena cava is a logical procedure used to prevent pulmonary embolism in cases of thrombosis of the common iliac veins or their tributaries. In view of the comparative rarity of this procedure in Florida, a case is here presented.

HISTORY

Perhaps the earliest recognition of the rationale of proximal ligation in venous thrombosis was by John Hunter, who, in 1784, applied compression upon the part of the vein just above the suppurative process although he did not actually perform venous ligation. Lee, in 1865, was one of the earliest to apply a ligature above the site of thrombophlebitis. In 1911, Trendelenburg reported probably the first successful case of ligation of the inferior vena cava. Since then, the procedure has been carried out by a number of surgeons.[1]

REVIEW OF THE LITERATURE

In 1937, Krotoski[1] referred to 48 cases of venous thrombosis treated by caval ligation with no severe circulatory disturbances in the lower extremities following the ligation. Collins, Jones and Nelson[2] in January, 1943 reported 3 cases of thrombophlebitis of the pelvic veins treated by ligation of the ovarian veins and the inferior vena cava. One case was postpartal; 1 followed an attempted criminal abortion, and 1 occurred after a vaginal hysterectomy. In all 3 the course was septic with chills and fever. Pulmonary embolism occurred in 2. All the patients fully recovered after operation and showed no ill effects from the ligation of the vena cava at the time of the report of the cases.

A case of thrombosis of the inferior vena cava following amputation of a thigh was reported by Atlas[3] in October, 1943. Because of the

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danger of occlusion of the renal veins by extension of the thrombus and of pulmonary embolism, the inferior vena cava was ligated between the thrombus in the vena cava and the right renal vein. There was immediate and almost complete subsidence of the edema in the massively swollen lower extremity, and the patient recovered.

In July, 1945 Kern and Berman[4] reported a case of suppurative thrombophlebitis of the iliac vein with septicemia and pulmonary embolism. The inferior vena cava was ligated, and the patient recovered.

Gaston and Folsom[5] reported in August, 1945 2 cases in which caval ligation was done to prevent pulmonary embolism in venous thrombosis. In 1 case a bilateral common femoral ligation was done for venous thrombosis of both lower extremities. At the time of ligation no evidence of thrombi was present in the proximal segments of the veins, yet pulmonary embolism occurred following the femoral ligation. Caval ligation was performed by the transperitoneal route; both patients recovered.

In July, 1945 Northway and Buxton[6] reported 10 cases of caval ligation in patients ranging from 27 to 74 years of age. This operation was performed on 3 patients because of pulmonary embolism, on 4 because of chronic edema of the legs with ulceration due to a thrombotic process, on 2 because of painful swollen legs with ulceration due to venous thrombosis and on 1 because of epigastric pain associated with phlebothrombosis. All patients tolerated the caval ligation well, and postoperative swelling of the extremities was minimal. Later swelling was prevented and controlled by elastic external supports. Venous pressure remained elevated for variable lengths of time in these patients, and in 1 case twelve months after the operation the pressure was 270 mm. of water, twice that in the upper extremities. In the authors' experience adequate collateral circulation, as shown by a normal venous pressure, may not be expected in less than a year in those patients with a long-standing venous thrombosis of the deep veins, although the edema which may occur is easily controlled by elastic supports. The response shown by the ulcers of the leg was variable. Some healed and recurred while others healed and had not occurred after several months.

O'Neil[7] discussed caval ligation in the prevention of pulmonary embolism and gave the indications for this procedure with a discussion of the pattern of collateral venous circulation after such an interruption and of the operative approach. He stated that in the majority of cases when deep venous thrombosis is present or when pulmonary infarction has taken place, ligation of the superficial femoral veins, the common femoral or in a few cases the external or common iliac veins is adequate to prevent fatal or nearly fatal embolism. In some cases after bilateral ligation, however, fatal embolism occurred, possibly from the presence of a clot proximal to the sight of ligation. Another indication for ligation was the occurrence of pulmonary embolism when the source of the embolus was not evident. It would appear that the safest procedure would be to ligate as high as would be compatible with adequate venous return, namely, the caval vein just above the common iliac veins, since the source of the embolus may be entirely unknown and no clinical evidence of thrombosis available. Although in many cases pulmonary emboli originate from thrombi in the leg proper, the pelvic veins must not be overlooked as a fruitful source of emboli.

The collateral venous pathways available after ligation of the lower vena cava may be divided roughly into three groups. The first is the superficial group and comprises the superficial circumflex iliac and the superficial epigastric veins which connect the saphenous system with the superficial thoracic vein and those of the upper abdominal wall. The second group is formed by the anastomosis of the deep circumflex iliac, superior epigastric and lumbar veins, thereby connecting the external iliac veins with the internal mammary and ascending lumbar veins. The third group is made up of ascending lumbar trunks which begin in the pelvis on either side of the promontory of the sacrum and communicate with the sacral, common iliac, hypogastric and iliolumbar veins. In their ascent they connect with the lumbar veins, the inferior vena cava and the right renal vein. The right ascending lumbar trunk becomes the azygos vein and terminates in the superior vena cava; the left ascending lumbar trunk continues as the hemiazygos vein and eventually enters the right azygos vein.[7]

In discussing the operative approach O'Neil[7] mentioned two incisions. The first is one made approximately parallel to the inguinal ligament extending laterally toward the flank. After retraction of the peritoneum medially, the right common

iliac vein is brought into view. Further retraction upward and inward exposes the lower portion of the inferior vena cava. The alternate incision is made higher in the flank, and approximately parallel to the costal margin.

This author reported 8 cases of interruption of the inferior vena cava. In 5 obvious thrombotic involvement of the lower extremities was present; in 3 pulmonary embolism had occurred, and the origin of the embolus was not evident. Untoward postoperative effects were reported absent in all of these cases. In O'Neil's experience the edema of the leg is less following ligation of the inferior vena cava than it is following bilateral femoral ligation.

In mentioning certain general points concerning thrombophlebitis it may be said that deep thrombophlebitis, regardless of the circumstances under which it occurs, seems to be similiar, in postoperative patients, following trauma or with infectious diseases. Vasospasm, edema, ulceration and embolism may occur, and the duration of the thrombophlebitis, judging by the temperature, is about the same. The incidence of pulmonary embolism is also remarkably constant. It is estimated to occur in every third case of deep thrombophlebitis. Fatal pulmonary embolism, however, is rather rare and is said to occur in about 1 out of 25 cases showing this phenomenon, according to Welch and Faxon.[8]

The following case may be added to those mentioned in the literature reviewed. It is believed to be the first case of ligation of the inferior vena cava reported in Florida.

REPORT OF CASE

The patient was a 37 year old white married woman who was admitted to the medical service of the Duval County Hospital on Aug. 19, 1945 complaining of pain in the chest of one week's duration.

The pain began in the right side of the chest anteriorly, was made worse by inspiration and gradually increased in intensity. There was a slight cough with bloody sputum on four to five occasions, but dyspnea was absent. Slight fever was thought to have been present for two days at the onset.

The patient had been well except for a swollen left lower extremity following a hysterectomy in 1929, at which time she was told that she had milk leg. The reason for doing the hysterectomy was not learned. For several weeks before admission there had been a small, somewhat painful ulcer in the lower third of the anterior surface of the left leg. There was no pain or fever in the affected extremity, nor was there complaint referable to the other leg.

Examination revealed the patient to be a well developed, rather obese woman who did not appear acutely ill. The temperature by mouth was 99 F. The pulse rate was 84, and the respiratory rate 18. Significant findings were present in the chest and both lower extremities. The chest was large and symmetric, and the thoracic wall moved upward and outward equally on inspiration. Tactile fremitus was unchanged. The percussion note was resonant over both lung fields, and the base excursions were adequate. Breath sounds were vesicular, but constant, fine inspiratory rales were heard over the right lung anteriorly and inferiorly. No friction rubs were heard, and no rales were heard elsewhere. No abnormalities of the heart were noted. The blood pressure was 90 systolic and 60 diastolic . There was a low midline incisional scar on the abdomen.

The left lower extremity was greatly increased in size. It was mottled in color, and there was increased pigmentation over the lower half of the leg; a shallow ulcer approximately 3 cm. in diameter was present on the anterior aspect of the lower third of the leg. The left lower extremity was cooler than the right, and pitting edema was present. The pulsations of the left dorsalis pedis, posterior tibial and popliteal arteries could not be felt. Dilated veins were felt in the left leg, and some tenderness along the great saphenous vein was present; there was also slight tenderness in the calf. Sensation and motor functions were unimpaired. In the right lower extremity the great saphenous, the superficial circumflex iliac and the superficial external pudendal veins were thrombosed, but were not tender. No other adbnormalities were noted.

At the time of the patient's admission a roentgenogram of the chest showed a rather large area of density in the lower portion of the right lung, which was interpreted as bronchopneumonia or pulmonary infarction. The leukocyte count was 7,000 with a normal differential count. The hemoglobin estimation was 12.6 Gm., and the erythrocyte count was 3,700,000. The urine showed no abnormalities. Gross blood was present in the sputum.

It was decided that the patient had a chronic thrombophlebitis involving superficial and deep veins in both lower extremities and probably the veins of the pelvis and that she had a pulmonary infarction resulting from emboli being carried from the involved veins to the right lung. The case was discussed in the weekly staff conference, and in the light of the experience of others with this procedure and with the realization of the danger of a recurrence of the embolic phenomenon which might prove fatal, it was decided to ligate the inferior vena cava.

The procedure was carried out on the third hospital day after the patient had improved and was afebrile. Twenty milligrams of pontocaine in dextrose as a spinal anesthetic was used, and the inferior vena cava was approached transperitoneally through a lower midline incision. The posterior peritoneum was opened, and the right ureter was identified and retracted medially. The pelvis was explored, but the pelvic veins could not be identified because of dense adhesions. During the dissection of the segment of the vena cava which was to be ligated, troublesome bleeding from small veins and arteries was encountered but controlled. The vena cava was doubly ligated just above the convergence of the common iliac veins and severed. The posterior peritoneum and the anterior abdominal incisions were closed in the usual manner, and the patient returned to the ward in fair condition. The postoperative course was complicated for three days by a temperature of 101 F. and considerable abdominal distention which was controlled with continuous Wangensteen suction.

The right lower extremity showed vdmaree ge EA swelling after the operation, and much of the swelling of the left lower extremity disappeared over a period of a few days. On the twenty-fourth postoperative day the patient was discharged ambulatory. She experienced no pain or tenderness in the lower extremities, and the ulcer of the leg had healed. When she returned to the outpatient clinic one week later, no great change seemed to have occurred since dismissal from the hospital. Both extremities were about a fourth larger than normal. There was no subjective or objective evidence of im-

paired circulation other than the swelling and slight discomfort in the right leg.

SUMMARY

Ligation of the inferior vena cava is a form of proximal venous ligation used as a method of treatment of thrombophlebitis and its sequelae.

Seventy-four cases have been collected from the literature in which the procedure was carried out successfully and apparently with good therapeutic results.

The interruption of the inferior vena cava seemingly is well tolerated as no severe circulatory disturbances have been observed in the cases reviewed.

A case in which ligation of the inferior vena cava was performed because of thrombophlebitis and pulmonary embolism is presented.

BIBLIOGRAPHY

1. DeBakey, M. E., in discussion on Collins, C. G.; Jones, J. R., and Nelson, E. W.[2]
2. Collins, C. G.; Jones, J. R., and Nelson, E. W.: Surgical Treatment of Pelvic Thrombophlebitis; Ligation of the Inferior Vena Cava and Ovarian Veins; Preliminary Report, New Orleans M. & S. J. **95**: 324-329 (Jan.) 1943.
3 Atlas, L. N.: Ligation of the Inferior Vena Cava; Case Report, Ohio State M. J. **39**: 917-918 (Oct.) 1943.
4. Kern H. M., and Berman E.: Ligation of the Inferior Vena Cava for Pneumonic Thrombophlebitis, Am. J. Surg. **69**: 120-125 (July) 1945.
5. Gaston, E. A., and Folsom, H.: Ligation of the Inferior Vena Cava for the Prevention of Pulmonary Embolism: A Report of Two Cases, New England J. Med. **233**:229-233 (Aug. 23) 1945.
6. Northway, R. O., and Buxton, R. W.: Ligation of the Inferior Vena Cava, Surgery **18**:85-94 (July) 1945.
7. O'Neil, E. E.: Ligation of the Inferior Vena Cava in the Prevention and Treatment of Pulmonary Embolism, New England, J. Med. **232**:641-646 (May 31) 1945.
8. Welch, C. E., and Faxon, H. H.: Thrombophlebitis and Pulmonary Embolism, J.A.M.A. **117**:1502-1508 (Nov. 1) 1941.

COMBINED PREGNANCY

REPORT OF A CASE

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Mrs. A. E., a 38 year old housewife with four previous pregnancies, came to the office on Feb. 12, 1946, stating that the menstrual period was twelve days past due. Routine laboratory examinations were made. She returned on February 28 and stated she had started menstruating a week previously, which was February 21. A pelvic examination was made, and the uterus was found to be slightly enlarged. She was put to bed, and sedatives were prescribed.

The patient was again seen on March 12 when she stated she had been menstruating rather profusely and had passed tissue. Dilatation and curettage were done, and what remained of an incomplete abortion was removed. Pelvic examination at this time showed the uterus to be still enlarged, but no adnexal masses were felt. Apparently recovered, the patient was discharged from the hospital after two days.

She remained well until April 1 when she returned to the office saying she had begun to menstruate. Another pelvic examination was made, and a soft fluctuating mass was felt in the right adnexa, apparently lying on the anterior surface of the uterus. She was told she had an ectopic pregnancy, and an operation was advised.

On April 4 the operation was performed, and a soft mass about the size of a large lemon was found in the right cornu of the uterus. Bilateral salpingectomy, hysterectomy and appendectomy were done. The uterus was opened, and there was found to be a twin pregnancy in the cornu of the uterus. The patient made an uneventful recovery and left the hospital on the tenth day. The final diagnosis was twin pregnancy of the tube with coexisting intrauterine pregnancy.

ABSTRACTS OF MEDICAL ARTICLES

AMEBIASIS CUTIS, WILSON, WESLEY W., CAPT. M. C., A. U. S. AND HUREWITZ, MORTON M., CAPT. M. C., A. U. S., M. CLIN. NORTH AMERICA (MARCH) 1946.

This article contains a comprehensive review of the literature on amebiasis cutis, a description of the pathologic process and a discussion of diagnosis and treatment. In addition, an illustrative case occurring in a combat flier shot down in China is reported.

This serious, though rare, complication of intestinal amebiasis may follow drainage of liver abscesses, appendectomies, colostomies and colitis, and may be the only clinical evidence of the underlying disease. Attention is directed to the importance of its detection since untreated it is a violent disease and treated it is curable. Once diagnosed, it responds dramatically to emetine therapy.

Amebic invasion of the skin should be suspected, the authors warn, in every case of ulcerating or granulating lesions of the abdominal wall or about the anus and genitalia. An increased incidence should be expected in soldiers returning from areas of poor sanitation overseas. This presentation is timely in view of the frequency of amebiasis in troops overseas, in some of whom this serious complication may develop years after their return to civilian life.

THE MANAGEMENT OF ARMY PERSONNEL WITH PEPTIC ULCER: AN ANALYSIS OF 200 CASES, REESER, RICHARD, MAJOR M. C., A. U. S., AND GUTHRIE, MORRIS B., MAJOR M. C., A. U. S., MIL. SURGEON **98**:125-131 (FEB.) 1946.

These medical officers suggest that an apparent increase in the incidence of peptic ulcer since the beginning of the war may perhaps be explained by the possibility that the induction of large numbers of draftees has revealed an unsuspected prevalence of ulcer and that most of the men in the Army found to have ulcer had it before induction. The 200 cases reported in this article represent the number of instances of peptic ulcer proved by roentgenologic examination which were found among approximately 40,000 admissions in two Army Station Hospitals. Comprising the series are 185 cases of duodenal ulcer, 13 cases of gastric ulcer and 2 cases of both gastric and duodenal ulcer. The average age of the patients was 30 years, and the average period of service in the Army was one and three-fourths years.

Because of symptoms incompatible with satisfactory military service, 81.5 per cent of the patients were separated from the service. Symptoms antedating induction into the service with complaints existing over an average period of six and one-half years were present in 73 per cent; in the remaining 27 per cent whose symptoms appeared after entering the service, the average duration of the complaints was one and one-third years. Of the patients in the entire series, 32.5 per cent were definitely known to have returned to the Veterans' Facilities for further medical care.

The authors cite this series as illustrating the great need for screening out patients with ulcer on induction by careful roentgenologic examination. This precaution would have saved approximately 10,000 hospital days in these cases alone. No estimation of the financial loss to the government can be made.

An 18-Hour Concentration Test of Kidney Function. By Emil M. Isberg, M. D., and L. H. Newburgh, M.D. Am. J. M. Sc. 211:701-704 (June) 1946.

An eighteen hour concentration test of kidney function is presented. It is easily performed, does not require the use of special diet and is particularly suitable for use on ambulatory patients. Under the conditions of this test, normal kidneys concentrate urine to a specific gravity of 1.025 and higher, while diseased kidneys do not.

Also presented is a rapid, simple and accurate method for quantitative measurement of proteinuria. It is based on the comparison of the turbidity of urine in which protein has been precipitated by 2 per cent sulfosalicylic acid, with the turbidity of a permanent, standard suspension of inorganic substance.

Gradenigo's Syndrome: Review of the Literature Since 1926; Report of a Case Complicated by Frontal Sinusitis. By W. J. Knauer, M. D. Arch. Otolaryng. 44:303-18 (Sept.) 1946.

Making an exhaustive analysis of the literature since Sears' review in 1926, Dr. Knauer found that a total of 399 cases of Gradenigo's syndrome have been reported in the forty years since Gradenigo gained recognition for this syndrome. This number includes the case reported in this article.

The three striking features characterizing this comparatively rare syndrome are acute suppurative otitis media with or without mastoiditis, isolated paralysis of the abducens with homonymous diplopia, and severe pain in the frontal, temporal and parietal regions of the same side corresponding to the distribution of the trigeminal nerve rather than in the postauricular region common to mastoiditis. The condition is encountered most frequently in children and young adults.

It was further noted in this study that the tympanum may or may not be perforated; also, the right side of the head is somewhat more often affected than the left side . A late manifestation, the paresis or paralysis of the external rectus muscle occurs, as a rule, from three to six weeks after the onset of the otitis. The accompanying diplopia gradually disappears as the muscle slowly regains normal function, but complete restoration may require several months.

Now and then, diffuse meningitis may develop and bring about fatal termination. Considering the nature and severity of the symptoms, however, the mortality rate, which is approximately 18 per cent, might be expected to be higher.

Surgical intervention, most frequently indicated, usually takes the form of a simple mastoidectomy. Dr. Knauer suggested that the use of the sulfa drugs and penicillin should reduce the mortality and perhaps make surgical measures necessary less often. In the case he reported, which was complicated by frontal sinusitis, sulfathiazole therapy may have made mastoidectomy unnecessary.

From Our President

YOUR COUNTY MEDICAL SOCIETY

How do you evaluate your membership in your county medical society? Do you regard it as an asset, a bore, or a liability?

Basically, the county society is the only portal of entry to membership in the Florida Medical Association. In turn, membership in the Association automatically means membership, with no additional financial obligation whatsoever, in the American Medical Association. The privileges and prestige of this alignment with organized medicine alone make affiliation with the county unit indispensable.

At your county society meetings you meet your colleagues whom you ought to know; you participate in wholesome good fellowship; you appraise the special talents of your associates; you form valued friendships and helpful professional associations; you are enlightened as to other physicians' work, problems and successes; you gain mental stimulus and increase your knowledge through presenting scientific papers and participating in the discussion of others; you develop a new and refreshing outlook on your personal professional life.

That is, you do IF—if you put YOURSELF into your county society activities. If you attend from a sense of duty only, if you are bored, try making a worth while contribution of your own. Use this medium of exchange for the giving of information gleaned through personal experience in your practice. Then do more than lend formal attention; listen attentively to the presentations of your fellow members and guest speakers. Come with notebook or cards, prepared to take notes. Participate in the discussions; ask questions. Do not outgrow the learning attitude. A little preliminary reading will make the evening more meaningful to you and, in turn, through your informed participation to the other members present. The more you put into each meeting, the more you will take away and retain for future benefit.

Your county society is only as strong as you and the other members make it. It should be a telling force within the community it serves. It should be a super service club within the profession, embodying the service ideals of the popular civic organizations and in addition becoming a clearinghouse of scientific knowledge and progress. Make your membership in your county society pay you large dividends during 1947 as an important channel through which you become a better practitioner of medicine and a more able servant of society.

Thales Richardson

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Fourth—C. McK. Tyre, M.D...4-47.....*Eustis*
Fifth—W. Wardlaw Jones, M.D...5-47.....*Dade City*
Sixth—James R. Boulware, M.D...6-48.....*Lakeland*
Seventh—Adrian M. Sample, M.D...7-48.....*Ft. Pierce*
Eighth—E. M. Hendricks, M.D...8-47...*Ft. Lauderdale*

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(Terms expire Dec. 31, 1947)

Homer L. Pearson, M.D., Delegate..... *Miami*
Louis M. Orr, *II*, M.D., Alternate.....*Orlando*
(Terms expire Dec. 31, 1948)

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SOUTHEASTERN REGIONAL BROADCAST

This year the American Medical Association celebrates its one-hundredth aninversary. An important part of the celebration of this auspicious occasion is the Centennial Radio Broadcast over the National Broadcasting Company network. The regular weekly program, at 4 p. m. Eastern standard time on Saturday, is called "Doctors—Then and Now" and features comparisons between physicians and medicine today and situations reaching back across the century to the days of that association's founding.

For convenience in broadcasting, these comparisons are being made on a regional basis. Accordingly, the United States has been divided into a number of principal regions, Georgia, South Carolina and Florida comprising the Southeastern area. On January 4, these three states cooperated in presenting the program.

The major portion of this program was devoted to the dramatization of the life of Dr. Crawford W. Long of Georgia. Following this presentation of the fascinating story of the discovery of anesthesia, a brief address was made by a Florida physician from a South Carolina station.

Speaking from Columbia over a nationwide hookup covering more than one hundred and twenty stations, Dr. Webster Merritt of Jacksonville, Chairman of the Regional Committee, summarized the highlights of medical interest in this Southeastern area. He reminded the vast audience that these three states have more than 6,600 practicing physicians, 336 acccredited hospitals with a capacity of nearly 90,000 beds and 3 important medical schools, Emory University School of Medicine in Atlanta, the University of Georgia School of Medicine in Augusta and the Medical College of the State of South Carolina in Charleston, all organized a century or more ago. He was also able to report that plans are now under way for an outstanding medical school in Florida, one of the few states of the Union without one.

The Association's Medical Service Plan, now being successfully operated through the cooperation of the Blue Cross, was mentioned by Dr. Merritt as a progressive step in Florida. In addition, he made appropriate historical reference to Florida's distinguished physician-inventor, Dr. John Gorrie.

It is gratifying that Florida and this Southeastern area have been able to make an early contribution to the broadcasting feature of this centennial celebration.

H. L. P.

CONFERENCE OF STATE SECRETARIES AND EDITORS

The annual meeting of editors and state secretaries was held in Chicago on December 7 and 8, 1946. The purpose of this conference each year is to facilitate the exchange of ideas and in-

formation between these state officers with a view to giving each the advantage of the experiences and knowledge of the others in planning for the advancement of the individual association and journal. In addition, the operation of the various departments of the home office of the American Medical Association is explained. This helpful interchange enables the secretaries and editors to keep abreast of trends and developments so that they may enlighten the members of their respective associations.

Since the profession as a whole appears to be suffering from the lack of adequate and suitable public relations, this subject was given priority, and a great deal of the refresher course had to do with the present constructive public relations program of the American Medical Association. The subjects of medical economics and medical service were also ably presented. The program included papers on such timely subjects as the state medical society in relation to state government and to social security and federal income taxes, the cooperative medical advertising bureau, the county medical society, the responsibility of the individual physician, commercial exhibits and a state association's home office.

The function of a state medical journal was also considered, and the editors heard much about reader appeal. It would seem that obtaining material for publication in such a journal which is of interest to all its readers, actual or potential, is a common problem

A highlight of the conference was an address by the Honorable Dwight H. Green, Governor of Illinois. He expressed the belief that the people of this nation, by their vote last November, indicated clearly and emphatically their disapproval of the socialist trends of the national government. In his opinion the country is for the time being fairly safe from the menace of socialized medicine, but the profession must now furnish for the people a satisfactory medical program to insure permanent protection from this evil.

For three days following this conference, the House of Delegates of the American Medical Association was in session. A report of that meeting will be made soon.

H. L. P.

TWO NEW TUBERCULOSIS SANATORIUMS

The recent acquisition of two Army Air Base Hospitals by the State Tuberculosis Board gives Florida 600 additional beds and 3 institutions devoted entirely to the hospitalization of tuberculosis patients. The Northwest Florida Tuberculosis Sanatorium, four miles out of Marianna, was originally the Army Air Base Hospital and was taken over with 145 acres of land from the War Assets Corporation. There are 200 beds now ready for occupancy, and an additional 50 beds can be provided. At Tampa, the Southwest Florida Tuberculosis Sanatorium was formerly the Army Air Base Hospital at Drew Field, taken over with 160 acres of land. Here 400 beds are ready for use, and 100 more can be made available.

With these buildings, hospital and business office equipment, water systems, sewerage disposal plants, roads, landscaping, adjacent buildings and warehouses with their contents were acquired. The total estimated value is approximately $2,000,000, and the property cost the State of Florida nothing. The State Tuberculosis Board agreed in taking over these hospitals that the present buildings will be used only until the legislature provides the funds with which modern, compact plants can be built. The present buildings were given a life of five years, most of which has expired.

Dr. W. D. Rosborough has been chosen to superintend the Marianna institution. A graduate of the University of Pennsylvania College of Medicine, this thoroughly trained expert on tuberculosis has had broad experience in the treatment of patients with this disease and in the management of institutions for their care. The medical director and superintendent of the hospital at Tampa is Dr. M. H. Draper, who for nineteen years occupied a similar position at the Allen County Tuberculosis Hospital at Ft. Wayne, Ind. He is a graduate of the Marquette School of Medicine, Milwaukee, Wis., and served overseas as a member of the Medical Corps of the Army during World War I.

Dr. R. D. Thompson has been made general superintendent over all of the state sanitoriums, but will retain his status as superintendent of the Florida State Sanitorium at Orlando. With the elevation of Dr. Thompson to this important post, Dr. P. C. Black, resident physician at the Orlando institution, becomes assistant superintendent and medical director.

Two more sanatoriums remain to be provided in carrying out the plan of an institution for each of the five tuberculosis districts in the state. A 400 bed hospital has been recommended for the lower East Coast District, and one with 500 beds is in prospect for the Northeast District.

H. L. P.

METASCIENCE PROCEDURES

Preliminary requirements to practice metascience in Florida do not seem to be fully understood by all concerned. An opinion was, therefore, rendered by Hon. J. Tom Watson, Attorney General for Florida, upon request.

It is the opinion of the Attorney General that in order for one to practice metascience it is necessary that a Certificate of Proficiency in the basic sciences be obtained from the State Board of Examiners in the basic sciences; also, that in order for one to practice metascience it is necessary that a license be obtained from the State Board of Medical Examiners.

This notice is published for the guidance of those who wish to practice metascience in Florida.

Harold D. VanSchaick, M. D.
Secretary
State Board of Medical Examiners

FROM MY POINT OF VIEW

"In time of peace prepare for war."

America has found that failure to follow this dictum has been costly, both lives and money. Will she repeat this mistake? We hope not.

It seems that organized medicine will now enjoy an armistice, but not a permanent peace. The Wagner-Murray-Dingell bill now faces a party in control which, from its history and the recent pronouncements of its leaders, is against widespread socialistic measures.

One of its leaders, Senator Robert Taft, was figuratively, if not literally, gagged in a committee meeting called to consider this bill. It is history that he left that meeting with a protest and a promise to introduce a substitute measure for health relief for the indigent Will he now change his mind? Probably not. Will his influence be felt in the next Congress? Obviously, yes. Other Republican leaders express like views.

Considering these facts, a breathing spell is in order. How will we use this time—by letting the other forces gather together again, by sitting back while another vilification campaign starts? It is to be hoped that no such thing will occur.

Most all thoughtful doctors agree that some changes are necessary in our system. They seem, likewise, to agree that such changes require rigid investigation and should be gradual. For several years medicine has been too pushed defending its principles to allow the time necessary for investigation and trial. We were not prepared when the storm broke.

The committees and organizations which have been rather hastily formed for defense should not now be allowed to become dormant. This armistice time should be employed to strengthen them and thus put them in a position where they can assume the offense when and if necessary.

Will the necessity arise again? It is almost certain to do so.

F. C. Metzger, M. D.

STATE NEWS ITEMS

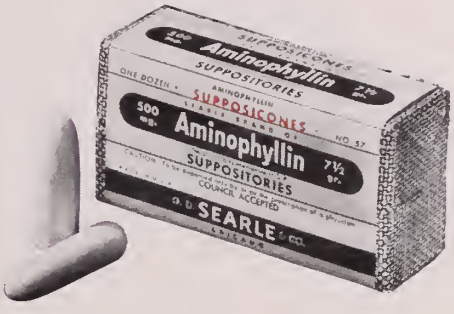
The Seventy-Third Annual Meeting of the State Association will be held in Miami, April 20-23. General headquarters will be at the Municipal Auditorium and hotel headquarters will be the McAllister. Meetings of the House of Delegates, general sessions and scientific assemblies will convene at the Municipal Auditorium.

All specialty groups will hold their meetings at the McAllister Hotel.

Watch your Journal for announcements.

The Twentieth Annual Meeting of the National Conference on Medical Service will be held at the Palmer House, Chicago, Ill., on February 9. Registration will commence at 9:00 a.m., and the program will include discussions in the fields of national affairs, economics and medical education. All physicians are invited to attend. There is no registration fee. Address Dr. Creighton Barker, Secretary, 258 Church Street, New Haven, Conn., for further information.

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Dr. Robert B. McIver, Jacksonville, Dr. Homer L. Pearson, Miami and Stewart Thompson, Jacksonville, attended the Annual Conference of Secretaries of State Medical Associations and Editors of State Medical Journals at the American Medical Association headquarters in Chicago on December 7 and 8.

Dr. Edward Jelks, Jacksonville, and Dr. Homer L. Pearson, Miami, represented the Florida Medical Association at the House of Delegates Meeting in Chicago on December 9, 10 and 11.

Dr. Horace M. Anderson, Jacksonville, announces the opening of his office at 1535 San Marco Boulevard.

The Fifteenth Annual Assembly of the Southeastern Surgical Congress will be held in Louisville, Ky., at the Brown Hotel, March 10-12, 1947. Dr. Duncan McEwan, Orlando, and Dr. Joseph Stewart, Miami, are scheduled to appear on the program. There are thirty other speakers scheduled. For additional information, communicate with B. T. Beasley, M.D., Secretary, 701 Hurt Bldg., Atlanta 3, Ga.

Dr. M. E. Black, Clearwater, was the guest speaker at the local Lions Club luncheon recently. Dr. Black discussed the growth and operation of the local hospital.

Dr. Benjamin J. Bond, Winter Haven, was the guest speaker at the weekly luncheon meeting of the Lake Alfred Lions Club recently. Dr. Bond illustrated his talk with moving pictures which he took while in military service.

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JAMES N. BRAWNER, JR., M.D., Department for Women

Dr. G. A. Davis of Daytona Beach celebrated his eighty-eighth birthday last November. Dr. and Mrs. Davis celebrated their sixty-second wedding anniversary recently.

The Florida Board of Examiners in the Basic Sciences will hold its next examinations May 31, 1947 at the University of Florida, Gainesville. All requests for application blanks should be sent to Dr. M. W. Emmel, Secretary, University of Florida, Gainesville.

The Florida law requires that all applications be made at least 15 days prior to the date of examination. May 16, therefore, is the deadline. The Florida law provides for no recipriocity.

MEDICAL OFFICERS RETURNED

Dr. Edwin P. Preston, who entered military service on May 8, 1942, received his discharge on Dec. 31, 1946. His address is 311 Calumet Building, Miami. He held the rank of Lieutenant Colonel.

Dr. Gerald W. Jones, who entered military service on July 5, 1945, received his discharge on Dec. 20, 1946. His address is American Building, Orlando. He held the rank of Captain in the Army.

Dr. Richard C. Cumming, who entered military service on Sept. 27, 1940, received his discharge on Nov. 8, 1946. His address is Commercial Bank Building, Ocala. He held the rank of Colonel.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

Dr. and Mrs. John Clayton O'Dell, Jr., announce the birth of a son, John Clayton III, on Dec. 15, 1946.

MARRIAGES

Dr. Henry Bailey Dickens, Jr., and Miss Barbara Baker Burgess of Fernandina were married on Sept. 3, 1946.

DEATHS - MEMBERS

Dr. Chas. A. O'Quinn, Perry—Dec. 8, 1946
Dr. Raymond Sanderson, Jacksonville—Dec. 10, 1946
Dr. Michael Smith, West Palm Beach—Dec. 5, 1946
Dr. James H. Hartman, Jacksonville—Dec. 26, 1946
Dr. James H. Randolph, Jacksonville—Dec. 25, 1946

OTHER DOCTORS

Dr. Hady C. McDermid, Vidalia, Ga.—Dec. 9, 1946
Dr. John H. Reynolds, Live Oak—Jan. 2, 1947

COMPONENT COUNTY SOCIETIES

DUVAL

The annual meeting of the Duval County Medical Society was held at the Mayflower Hotel on December 3, when the following officers were elected: Dr. L. S. Lafitte, President; Dr. John A. Beals, President-Elect; Dr. R. R. Killinger, Vice President; Dr. C. C. Mendoza, Secretary; and Dr. T. H. Lipscomb, Treasurer.

The following resolutions with respect to the death of Dr. Edmund H. Teether, were passed by the Society:

Memorial Resolutions
Dr. Edmund Hershey Teeter

Dr. Edmund Hershey Teeter was born November 20, 1881, Mt. Morris, Illinois. He received his early education in Florida and Maryland, receiving his M. D. degree from the University of Maryland in 1910. He had practiced his profession in Jacksonville for the past twenty-seven years. He was a life member, fellow, American College of Surgeons, member of the American Medical Association, the Southern Medical Association, Florida Medical Association, and the Industrial Physicians and Surgeons Association.

WHEREAS, he was widely known in the civic development of his community, being a past Post Commander, American Legion Post Number Nine, past president of the Jacksonville Evchange Club, and a member of the XIX Club, Good Will Club, the Fraternal Order of Moose, Knights Pythias, the Knights Templar, the Masonic bodies, and the Morocco Temple. He was a member of the Church of the Good Shepherd, and

WHEREAS, we deplore the passing of our member, a loss in which his family shares, be it resolved that the chairman of the Fraternal Relations Committee send copies of these resolutions to Mrs. Bertha Virginia Teeter, the widow, and the other members of the family of Dr. Edmund Hershey Teeter, and

BE IT FURTHER RESOLVED that copies of these resolutions be sent to the American College of Surgeons, the American Medical Association, the Southern Medical Association, the Florida Medical Association, and the Industrial Physicians and Surgeons Association, and that a copy of these resolutions be spread on the minutes of this society.

ADOPTED UNANIMOUSLY this Third day of December, 1946.

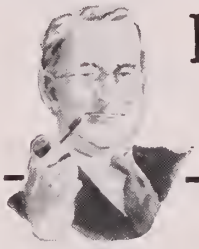
DUVAL COUNTY MEDICAL SOCIETY
By F. L. FORT, President.

Attest: R. R. Killinger,
Chairman for the Fraternal
Relations Committee.

ESCAMBIA

At the December meeting of the Escambia County Medical Society, the following officers were elected: Dr. S. G. Kennedy, President; Dr. A. L. Stebbins, Vice President; and Dr. N. S. Rubin, Secretary-Treasurer. Dr. C. C. Webb was elected to the Board of Censorship. Delegates

Advertisement



From where I sit
by Joe Marsh

A Lesson In Conservation

We were sitting around a roaring fire at Bill Webster's the other night, chatting over a glass of beer—when the talk turns to forest preservation, soil erosion, and other things that affect a farming community.

Doctor Hollister speaks up: "It's all right to worry about conserving our natural resources," he says, "but there's a far bigger problem when it comes to conservation—and that's preserving our democratic way of life, our sense of personal freedom, our respect for one another's rights."

From where I sit, Doc is right. All America's great resources, our abundant natural wealth, are lost the minute we lose the right to work them as free people in a free land!

Whenever you see or hear of an encroachment on any of our rights—whether it's the right to free speech, or the right to vote as we see fit, or the right to enjoy a friendly glass of beer in licensed, law-abiding places . . . watch out!

Joe Marsh

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chosen to represent the society at the state convention were Dr .H. L. Bryans and Dr. J. N. McLean with Dr. Wm. P. Hixon and Dr. Luther C. Fisher as alternates.

HILLSBOROUGH

The annual election of officers of the Hillsborough County Medical Society was held on December 3. The following officers were chosen: Dr. Edward F. Shaver, President; Dr. William C. Meriwether, Vice President; and Dr. H. G. Cole, Secretary-Treasurer. Members selected as delegates to the state convention were: Drs. Charles W. Bartlett, Thomas M. Edwards, C. Frank Chunn and J. C. Dickinson with Drs. Harold G. Nix, James N. Patterson, H. Phillip Hampton, H. G. Cole and Edward F. Shaver as alternates. Dr. C. Frank Chunn was made a member of the Censorship Committee.

LEON-GADSDEN-JEFFERSON-WAKULLA-LIBERTY

Dr. W. G. Miles was selected as president of the Leon - Gadsden - Jefferson - Wakulla - Liberty County Medical Society at a recent meeting. The other officers chosen were: Dr. Taylor W. Griffin, Vice President, and Dr. G. H. Garmany, Secretary.

MARION

At the regular December meeting of the Marion County Medical Society, held at The Palms on December 18, the following officers were elected: Dr. H. L. Harrell, President; Dr. Hugh H. Barfield, Vice President; and Dr. B. F. Drake, Secretary-Treasurer. Drs. Eugene G. Peek and T. Hartley Davis were elected as delegates and Drs. R. D. Ferguson and H. F. Watt as alternates.

ORANGE

At a recent meeting of the Orange County Medical Society, the following officers were elected: Dr. G. Page, President; Dr. W. Weed, President-Elect; Dr. R. G. Wood, Vice President; Dr. J. Economon, Secretary; and Dr. Dorothy Brame, Treasurer. Delegates chosen for the state convention were: Drs. L. Orr, D. McEwan, C. Collins, M. Mallory, R. Chappell and C. Hoffman with Drs. H. Day, F. Mathers, C. Berry, W. Mitchell, G. Gwathmey and E. Jewett as alternates.

PASCO-HERNANDO-CITRUS

The regular meeting of the Pasco-Hernando-Citrus County Medical Society was held Thurs-

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day evening, December 12, at Inverness, with Dr. Jere W. Kirkpatrick as host. Dinner was enjoyed at the Orange Hotel.

Dr. Wm. G. Mason, Inverness, was elected to membership as a transfer from the Hillsborough County Medical Society.

The following officers were elected: Dr. Jere W. Kirkpatrick, President; Dr. G. R. Creekmore, First Vice President; Dr. D. G. Bradshaw, Second Vice President; and Dr. W. Wardlaw Jones, Secretary-Treasurer.

The next regular meeting will be held at the Magnolia Lodge, Crystal River, and the wives of the members are specially invited. Members present were: Drs. G. R. Creekmore, S. C. Harvard, W. Wardlaw Jones, W. B. Moon, Jere W. Kirkpatrick and William G. Mason.

PALM BEACH

Dr. C. J. Derrick was elected president of the Palm Beach County Medical Society at a meeting held recently. Other officers chosen were: Dr. William Bippus, Vice President; Dr. Victor Clarholm, Secretary; and Dr. Fred K. Herpel, Treasurer.

POLK

At the December meeting of the Polk County Medical Society the following officers were chosen for 1947: Dr. Edgar Watson, President; Dr. Samuel J. Clark, Vice President; and Dr. Joe M. Bosworth, Secretary-Treasurer. Drs. Herman Watson, J. R. Boulware and R. H. Mooty were elected as delegates to the House of Delegates of the state association and Drs. W. T. Simpson, Edgar Watson and W. F. Peacock as alternates.

ST. JOHNS

At the December meeting of the St. Johns County Medical Society the following officers were elected: Dr. G. W. Potter, President; Dr. Reddin Britt, Vice President; Dr. S. Raymond Cafaro, Secretary; and Dr. A. C. Walkup, Treasurer. Dr. H. E. White was chosen as the delegate and Dr. Chas. C. Grace as the alternate to the annual meeting of the House of Delegates.

SARASOTA

At a recent meeting of the Sarasota County Medical Society the following officers were elected: Dr. Reeves Wilson, President, and Dr. Henry J. Vomacka, Secretary. Drs. John M. Butcher and Sherrill Patton were elected delegates to the state convention, and Dr. Cecil E. Miller was chosen as the alternate.



Growing Like a Weed . . .

At 12 to 14 years (and during certain other periods of development), rapid growth is normal growth. But, however normal, swift skeletal development poses a problem (*over*)

Growing...



Peak growth involves peak need for antirachitic protection

Kugelmass[1] describes three "spurts" in bodily growth: 0-2 years, 6-8 years, 12-14 years.

Significance of these "peak-need" periods becomes still more obvious against the knowledge that a high incidence of rickets has been found throughout the years from 2 to 14—even at those levels characterized by relatively *slow* growth.

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1. Kugelmass, I. N.: Newer Nutrition in Pediatric Practice, p. 345, Lippincott, Philadelphia, 1940.

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SEMINOLE

Dr. Guy S. Selman was selected as president of the Seminole County Medical Society at a meeting held on December 18. Other officers chosen were: Dr. Harry Z. Silsby, Vice President; and Dr. Frank L. Quillman, Secretary-Treasurer. Dr. Wade H. Garner was chosen as the delegate to the state convention with Dr. T. Fincher McDaniel as alternate.

VOLUSIA

Dr. W. L. Jennings was elected president of the Volusia County Medical Society at a meeting held recently. Other officers chosen were Dr. Chas. Tribble, Vice President; and Dr. R. L. Miller, Secretary-Treasurer.

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
rida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, April 21-23, 1947
rida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	
-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	
-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	
-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	
erican Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
thern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
bama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
rgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
rida—			
ection, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
asic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 31, 1947
ental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
erm. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
ealth Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
ospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
ospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
ndustrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, April 21, 1947
edical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	
edical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
edical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert A. White, St. Augustine.	Jacksonville, June 19,1947
urses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
phthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
athological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
ediatric Society	Councill C. Rudolph, St. Petersburg	Robert Blessing, Ft. Lauderdale	Miami, 1947
harmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, May 13-15,1947
ublic Health Association	Frank M. Gray, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
adiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
uberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss., Apr. 10-12, 1947
theastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Louisville, Ky., Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		12		A-1-48 Wm. C. Roberts, M.D. Panama City
	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	52		
	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
	Jackson *Calhoun	D. A. McKinnon, M.D. Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15		
	Walton-Okaloosa	Rhett E. Enzor, M.D. Crestview	A. G. Williams, M.D. Lakewood	3rd Thursday 8:00 P.M.	6		
	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5		
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	16		A-2-47 G. Wilmot Brown, M.D. Tallahassee
	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 8:00 P.M.	39		
	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		9		
	Taylor *Dixie, Lafayette	W. J. Baker, M.D. Foley	C. A. O'Quinn, M.D. Perry	Last Friday 8:00 P.M.	3		163
	Alachua *Bradford, Gilchrist, Union	Chester F. Ahmann, M.D. 1043 W. Masonic Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	28		B-3-48 Vernon A. Lockwood M.D. St. Augustine
	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	213		
	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	30	10	
	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	7		
	Putnam	James W. Brantley, M.D. 502 Reid St. Palatka	B. E. Kane, M.D. Crescent City	2nd Tuesday Even Months 7:00 P.M.	10		
	St. Johns	G. W. Potter, M.D. 68 Valencia St. St. Augustine	S. R. Cafaro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	13		
	Brevard	A. F. Thomas, M.D. 416 Brevard Ave. Cocoa	I. K. Hicks, M.D. Melbourne	3rd Wednesday	13		B-4-47 C. McK. Tyre, M.D. Eustis
	Lake *Sumter	Leroy H. Oetjen, M.D. Leesburg	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	18		
	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	J. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	119	5	
	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	13		
	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	46		510
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	138		C-5-47 W. Wardlaw Jones, M.D. Dade City
	Manatee	Willett E. Wentzel, M.D. Professional Bldg. Bradenton	William D. Sugg, M.D. Bradenton Bk. Bldg. Bradenton	3rd Tuesday 7:00 P.M.	14		
	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	11		
	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	134	82	
	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrell Apts. Sarasota	2nd Tuesday 8:30 P.M.	24		
	DeSoto-Hardee-Highlands-Charlotte-Glades	L. W. Martin, M.D. Sebring	Gordon H. McSwain, M.D. Arcadia		20		C-6-48 James R. Boulware, M.D. Lakeland
	Lee *Collier, Hendry	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	19		
	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	72		432
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P. M.	84		D-7-48 Adrian M. Sample, M.D. Ft. Pierce
	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	18		
	Broward	Francis D. Pierce, M.D 406 Blount Bldg. Ft. Lauderdale	F. Leslie Snyder, M.D. 314 Sweet Bldg. Ft. Lauderdale	4th Tuesday 8:00 P.M.	61		D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
	Dade	J. W. Snyder, M.D. 402 Huntington Bldg. Miami 32	George C. Austin, M.D. 140 N. W. 59th St. Miami 38	1st Tuesday 8:30 P.M.	382		
	Monroe	James B. Parramore, M.D 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10		555

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*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

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Vol. XXXIII MARCH, 1947 No. 9

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Homer L. Pearson
Edward Jelks

Whither, Doctor
An Editorial

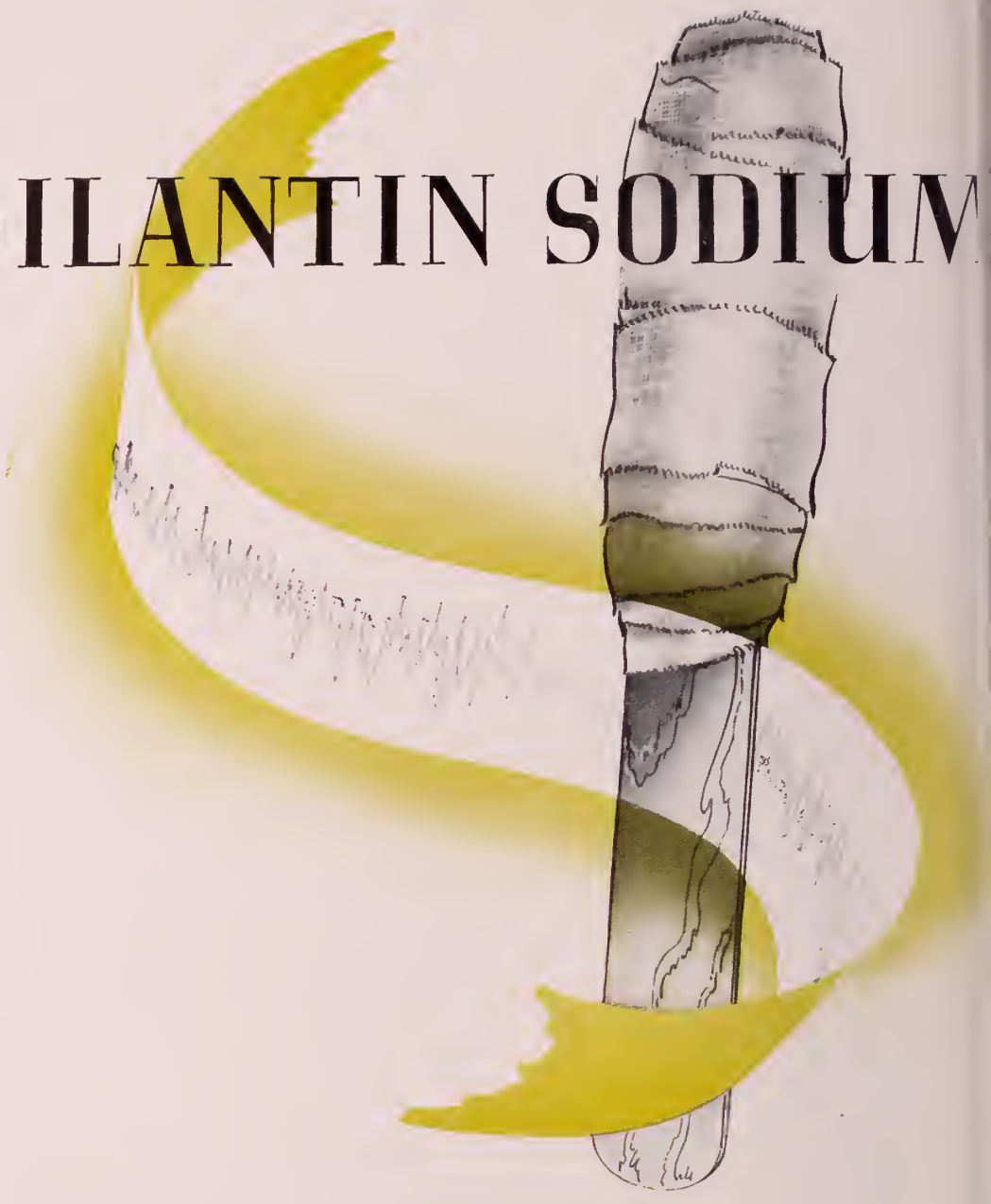
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*Kamman, G. R.: Fatigue as a Symptom in Depressed Patients, Journal-Lancet 65:238 (July) 1945.

b

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Trauma and Nitrogen Equilibrium

Recent recognition of the direct relationship between trauma and protein loss has greatly improved the prognosis in postsurgical and post-trauma patients.

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In a study embracing 23 burned patients, nitrogen balance determinations revealed excessive urinary nitrogen excretion. Nearly all patients were in negative nitrogen balance which was most marked during the first ten days.[3]

It thus appears that protein destruction and loss are prominent and potentially detrimental sequelae of trauma, and that every effort must be made to restore nitrogen equilibrium as quickly as possible to prevent the many deleterious consequences of protein depletion. The recommendation has been voiced that "whenever possible, protein losses or deficiencies should be corrected by oral feeding."[4]

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1 Howard, J. E.: Bull. Johns Hopkins Hosp., 74:313 (May) 1944.

2 Co Tui, C.; Wright, A. M.; Mulholland, J. H.; Barcham, T., and Breed, E. S.. Ann. Surg. 119:815-823 (June) 1944.

3 Hirshfeld, J. W.; Abbott, W. E.; Pilling, M. A.; Heller, C. G.; Meyer, F.; Williams, H. H.; Richards, A. J., and Obi, R.: Arch. Surg. 50:194 (Apr.) 1945.

4 Lund, Chas. C., and Levenson, S. M.: J. A. M. A. 128:95 (May 12) 1945.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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[1]Human Fertility 10: 25 (Mar.) 1945.

[2]Warner, M. P.: J.A.M.A. 115: 279 (July 27) 1940.

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NEO-IOPAX, disodium N-methyl-3.5-diiodo-chelidamate, is supplied as a stable, crystal-clear solution in 50 and 75 per cent concentrations.

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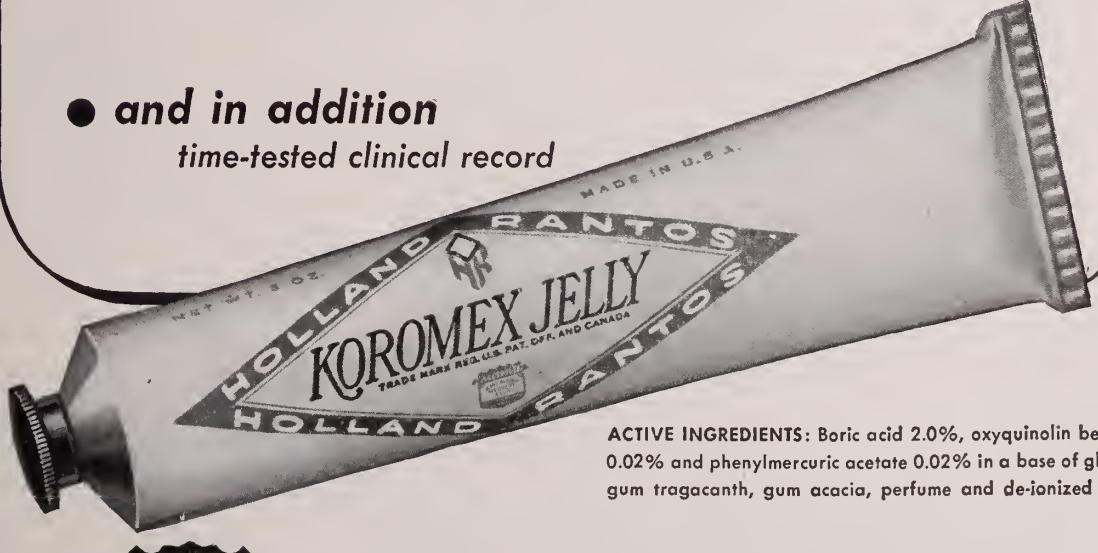
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- **Fastest Spermicidal Time**
 measurable under Brown and Gamble technique
- **Proper Viscosity**
 for cervical occlusion
- **Stable Over Long Period of Time**
 pH consistent with that of the normal vagina
- ***and in addition***
 time-tested clinical record



ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Prescribe Koromex Jelly with Confidence

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Why do Tom, Dick and Harry need Vitamin D ?



Growing children require vitamin D mainly to prevent rickets. They also need vitamin D, though to a lesser degree, to insure optimal development of muscles and other soft tissues containing considerable amounts of phosphorus.

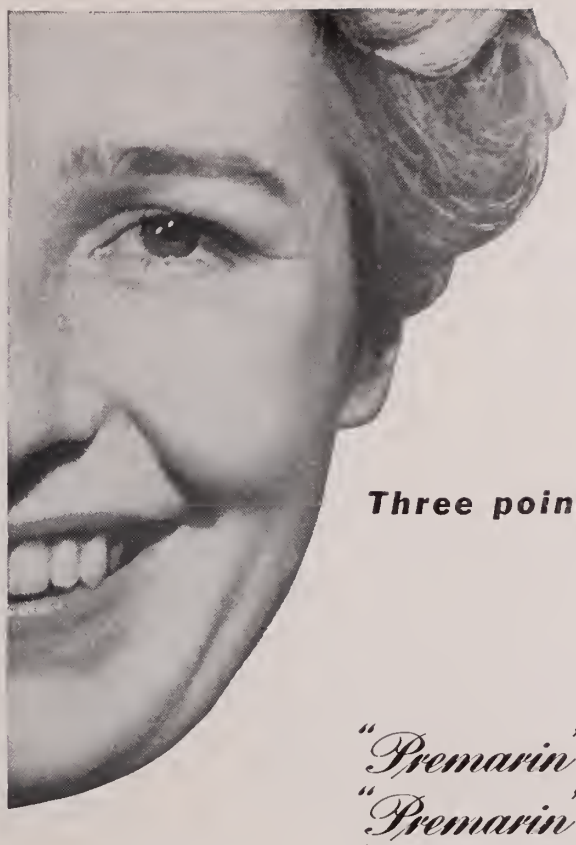
Milk is the logical menstruum for administering vitamin D to growing children, as well as to infants, pregnant women and lactating mothers. This suggests the use of Drisdol in Propylene Glycol, which diffuses uniformly in milk, fruit juices and other fluids.

Average daily dose for infants 2 drops, for children and adults 4 to 6 drops, in milk.
Bottles of 5, 10 and 50 cc.

DRISDOL IN PROPYLENE GLYCOL
MILK DIFFUSIBLE VITAMIN D PREPARATION
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DRISDOL, trademark Reg. U. S. Pat. Off. & Canada, *Brand of* Crystalline Vitamin D_2 (calciferal) from ergosteral

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Three points . . . PLUS

"Premarin" . . . orally active
"Premarin" . . . relatively free from side reactions
"Premarin" . . . highly potent

To these advantages may be added the emotional uplift or feeling of well-being which is so often encountered in the patient following therapy with "Premarin." This aspect is being favorably commented upon by an increasing number of clinicians.

To permit flexibility of dosage and enable the physician to fit estrogenic therapy to the particular needs of the patient, "Premarin" is supplied in two potencies:

Tablets of 1.25 mg.—bottles of 20, 100 and 1000.
Tablets of 0.625 mg.—bottles of 100 and 1000.
Liquid, containing 0.625 mg. in each 4 cc.
(one teaspoonful)—bottles of 120 cc.

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CONJUGATED ESTROGENS
(equine)

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"Premarin"

Ayerst

Ayerst, McKenna & Harrison Limited

22 EAST 40TH STREET, NEW YORK 16, N.Y.

UPPER RESPIRATORY INFECTIONS:

management with PENICILLIN SCHENLEY

Both systemic and topical penicillin administrations have been found valuable in the treatment of infections of the mouth, nose and sinuses, pharynx, tonsils, larynx, and tracheobronchial system.[1, 2] Since respiratory infections often show a tendency to relapse, it is all important to adhere to the principle established by clinicians widely experienced in penicillin therapy:

give enough-soon enough-long enough

(1) Menefee, E. E., Jr., and Atwell, R. J.: South. M. J. 39:726 (Sept.) 1946.
(2) Woodward, F. D., and Holt, T.: J.A.M.A. 129-589 (Oct. 27) 1945.



PENICILLIN SCHENLEY. Suggested dosage: Intramuscular, 20,000 to 40,000 units every three hours, continued until the patient has been symptom-free for forty-eight to seventy-two hours. Topical, instillation of 3 to 5 cc. of a solution containing 5,000 to 10,000 units per cc., repeated as frequently as indicated in the judgment of the physician.



PENICILLIN TABLETS SCHENLEY. Suggested dosage: 2 tablets (50,000 units each) every two or three hours day and night until all signs of infection have been absent for at least forty-eight hours. This treatment is suitably employed after initial parenteral therapy, and as an adjunct to topical administration.



Specialized skills devoted to the control of bioculture processes insure the dependability of all penicillin products bearing our label.

EXECUTIVE OFFICES: 350 FIFTH AVE., NEW YORK CITY

SCHENLEY LABORATORIES, INC.

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SCHENLEY LABORATORIES SERVICES: 1. Penicillin Paragraphs for March, dealing with upper respiratory infections, has been mailed to all physicians. 2. A comprehensive penicillin dosage chart will be mailed to physicians on request.

NO. 9 in Schenley Laboratories' continuing summary of penicillin therapy



DO YOU KNOW WHAT THESE SYMBOLS STAND FOR?

Rexall
DRUGS

REXALL FOR RELIABILITY

The barber pole is a relic of the middle ages, when barbers professed also to be surgeons and dentists. The pole was originally a red staff, wrapped with removable bandages, hung with dental instruments and topped by a brass lathering bowl. Later, as a concession to sanitation (or possibly to prevent theft), bowl, bandages and instruments were replaced by a painted replica.

The familiar blue and white Rexall sign is a modern symbol of superior and dependable pharmacal service. There are more than 10,000 independent, reliable drug stores, conveniently located throughout the country, which display this sign. It assures you of drugs laboratory-checked for purity and uniformity under the rigid Rexall system of controls—and of selected pharmacal ability in compounding them.

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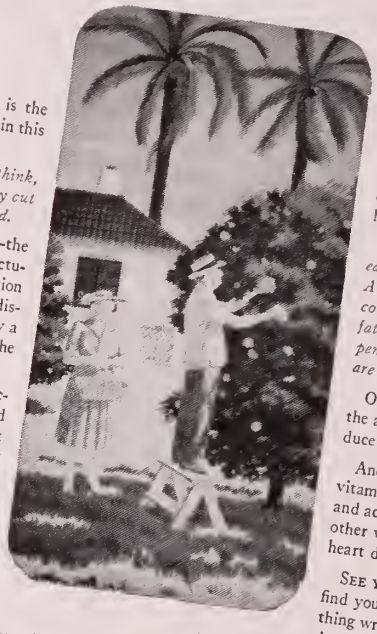
PHARMACEUTICAL CHEMISTS FOR MORE THAN 44 YEARS

The advice is always "SEE YOUR DOCTOR"

For over 18 years, Parke, Davis & Company has conducted an educational advertising campaign in behalf of the medical profession — teaching the importance of prompt and proper medical care. Now appearing in color in LIFE and other leading magazines, these "See your doctor" messages reach an audience of *more than 23 million* people.

Some things you should know about heart disease

No. 202 in a series of messages from Parke, Davis & Co. on the importance of prompt and proper medical care.



IT IS true that heart disease is the greatest single cause of death in this country.

But it is not true, as many people think, that heart disease must automatically cut short your life or make you an invalid.

A common type of heart disease—the so-called "functional" type—is not actually heart disease at all. It is the reflection of some other, usually correctable, disturbance in the body. It is often merely a temporary condition. It does not alter the heart itself, nor does it shorten life.

Even "organic" heart disease, which actually changes the heart's structure, need not be a serious disability. The handicap it imposes on a normal life will vary widely —with the nature of the disease and the individual case.

Symptoms are no indication of the seriousness of a heart condition.

Two men may have identical symptoms. One man's heart condition may dictate a careful limitation of his activities. The other man may be able to live a normal life span with only slight restrictions on his way of living.

Medical science during the past few years has made great progress in understanding the nature of heart disease, and in developing new methods of prevention and treatment.

Doctors today, by proper treatment of rheumatic fever in children, prevent many future cases of heart disease. And today doctors can also *cure* some cases of heart disease which would have been considered hopeless a few years ago.

There is, for instance, a kind of heart disease known as subacute bacterial endocarditis. A few years ago doctors were helpless in combatting what was practically always a fatal infection. But now, through the use of penicillin, an increasing number of cases are being successfully treated.

Other drugs help your doctor to regulate the action of an irregular heart and to reduce the strains that are put upon it.

And his modern knowledge of diet and vitamins, and the prevention of anemia and acute respiratory infections gives him other weapons to use against progressive heart disease.

SEE YOUR DOCTOR. If at any time you find yourself wondering: "Is there something wrong with my heart?" . . . see your doctor at once.

If he finds your heart in good condition, an enormous load will be lifted from your mind. And if something should be wrong, your doctor's prompt diagnosis and treatment give you the best chance for living a long and normal life.

Makers of medicines prescribed by physicians

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Research and Manufacturing Laboratories, Detroit 32, Michigan

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VS.
DIFFERENCES

WHAT value have claims of superiority unless there is a difference in formula or process to justify such claims?

Take cigarettes for example.

Philip Morris Cigarettes are *made* differently. In the clinic as well as in the laboratory, the *advantages* of Philip Morris have been repeatedly observed, repeatedly reported by *recognized authorities* in leading medical journals. Yes, Philip Morris *claims* superiority . . . *and that superiority has been proved.**

May we suggest that your patients suffering from irritation of the nose and throat due to smoking change to Philip Morris—*the one cigarette proved definitely less irritating.*

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**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

TO THE DOCTOR WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Better Nutrition FOR A Brighter OLD AGE

Gerilac —a new dietary supplement for the aged . . . a very practicable solution to the problem of achieving dietary balance in older patients.

Gerilac supplies in one reliquefied pint at least one-third of the daily dietary protein allowance* *plus* valuable milk carbohydrates. It also provides a full allowance of vitamins and minerals. GERILAC is palatable, convenient to prepare and easy to digest.

Gerilac is well suited in all ages for use as a beverage, with or without flavoring. It can also be used in special diets as a basis for milk dishes. Particularly valuable in convalescent and pre- and post-operative diets in all ages.



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*Based on the latest recommendations of the National Research Council.

Gerilac *-A Dietary Supplement for the Aged.* GERILAC *contains spray-dried whole milk and skim milk and is fortified with vitamins A and D, B-complex, C, together with niacinamide, monosodium phosphate and iron citrate. At pharmacies in 1-lb. tins.*



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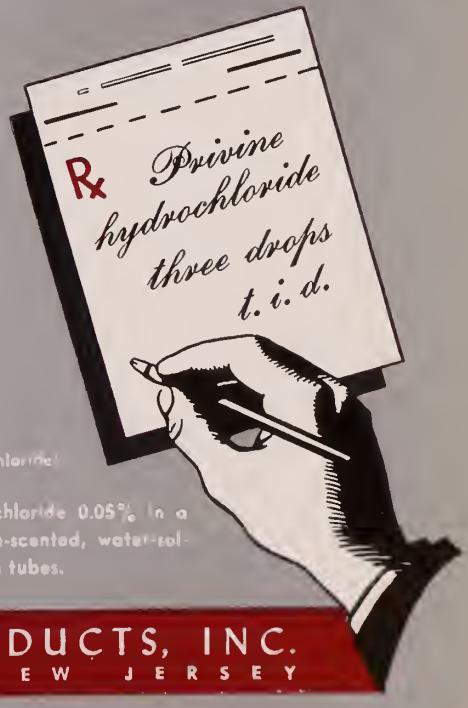
IN ACUTE RHINITIS



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RELIEF SO LONG WITH SO LITTLE

Even in minute doses the administration of this powerful vasoconstrictor results in prompt and prolonged relief from nasal congestion. Three drops of Privine Hydrochloride in each nostril t.i.d. is usually sufficient dosage. The infrequency of side effects allows Privine to be used before retiring with little likelihood of interfering with normal sleep. The new Privine Jelly is particularly useful between office visits.



Trade Mark Reg U. S Pat Off and Canada (Privine Hydrochloride brand of naphazoline hydrochloride)

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Solutions: 0.1% for adults only; 0.05% for children and adults. In 1-ounce bottles with dropper.

Jelly: Privine Hydrochloride 0.05% in a bland, buffered, pine-scented, water-soluble base. In 20-gram tubes.

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CIBA

For complete literature, write the Ciba Professional Service Department. Special questions involving search of the literature or other inquiries of this nature will be given particular attention. Use this service as an aid to your practice.

TRICHOMONAD ERADICATION

In Trichomonas leukorrhea the use of Vioform Inserts ond Insufflote quickly eradicates the organism ond restores the normol pH of the vagina. Besides Vioform—brond of iodochlorhydroxyquinoline, these preparotions contoin lactic and boric ocids to restore normol pH.

PLEASANT-TASTING IODIDE

Patients will be groteful for your prescription of pleosant-tosting Lipoiodine—brand of iodobrassid. Contoins 41% of orgonic iodine, ond may be used to replace olkoline iodides. No gostric irritotion; liberoted slowly, with lengthened, uniform effect.

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Digifolin—brond of digitalis glycosides, contoins the octive components of digitolis leoves, and is free of inert ond undesiroble ingredients such os soponins. One "cot unit" of Digifolin equols 1 U.S.P. XII digitolis unit.

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but how potent in human units?

Clinical results — not laboratory units — are the true measure of estrogen therapy. And Squibb Amniotin, a truly *natural* estrogen of known safety and effectiveness, is backed by more than seventeen years of extensive clinical use. Amniotin is well tolerated and rarely causes distressing side effects.

Available in a wide range of potencies and dosage forms, Amniotin is excellently adapted to precision dosage.

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Amniotin
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100 TABLETS
ASCORBIC ACID
(VITAMIN C)
100 MG.
Dose 1 daily or as prescribed by physician.
VITAMIN PRODUCTS INC.

100 CAPSULES
WALKER'S
HEXAVITAMIN
(U.S.P.)
PER CAPSULE
Vitamin A 2500 U.S.P. Units
Vitamin D 200 U.S.P. Units
Thiamine . . . 1. Mg.
Riboflavin . . . 1.5 Mg.
Ascorbic Acid . . 37. Mg.
Niacinamide . . 10. Mg.

100 TABLETS
ASCORBIC ACID
(VITAMIN C)
50 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Ascorbic Acid deficiencies.

60 cc.
WALKER'S
CONCENTRATED OLEO VITAMIN
A-D DROPS
DAILY DOSAGE
Each GRAM contains
VITAMIN A 62,500 U.S.P. UNITS
VITAMIN D 10,000 U.S.P. UNITS
INFANT 2 Drops
CHILD 6 Drops
ADULT 8 Drops
400% 400% 400%
250% 500% 600%
Place on tongue or mix with fruit juices or food
Dropper furnished delivers approximately 30 drops per cc.
Each drop contains not less than 2000 U.S.P. units Vitamin A and 333 U.S.P. units Vitamin D
A solution of distilled Vitamin A Ester concentrate with activated ergosterol in corn oil. Flavored with cinnamon.
WALKER

CONFIDENCE

The hallmark of Walker manufacture is its uncompromising emphasis on quality. Rigid controls at every stage of production, from raw materials to the finished products, insure their dependability. Physicians know that Walker vitamin products can be prescribed with confidence.

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100 TABLETS
NIACINAMIDE
(NICOTINAMIDE)
50 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacinamide deficiencies.

100 TABLETS
NIACIN
(NICOTINIC ACID)
100 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacin deficiencies.
WALKER VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK

15 cc.
WALKER'S
SOLUTION THIAMINE HYDROCHLORIDE
STABILIZED AQUEOUS SOLUTION
Per CC.
THIAMINE HYDROCHLORIDE (B1) 5 Mg.
DOSAGE % M.D.R.
INFANT - - - - 3 Drops 400%
CHILD 1-6 Yrs. 6 Drops 400%
CHILD 6-12 Yrs. 9 Drops 400%
ADULT - - - - 12 Drops 400%
MORE AS DIRECTED BY PHYSICIAN
M.D.R. = Minimum Daily Requirement
DROPS MAY BE ADDED TO MILK, FRUIT JUICES OR FOOD
DROPPER SUPPLIED DELIVERS APPROX 15 DROPS PER CC.
WALKER VITAMIN PRODUCTS, INC.
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100 TABLETS
RIBOFLAVIN
5 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Riboflavin deficiencies.
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(VITAMIN B1)
10 MG.
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To be used only by, or on prescription of physician.
For use in the treatment of Niacin deficiencies.
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MOUNT VERNON, NEW YORK

GOLD THERAPY in Rheumatoid Arthritis



THE consensus of clinicians who have had considerable experience with aurotherapy is that gold, despite its recognized toxicity, is the most effective agent available for the treatment of active rheumatoid arthritis.

The following statements, quoted from the article entitled, "The Use And Abuse Of Gold Therapy In Rheumatoid Arthritis," by Bernard I. Comroe, M. D. (*J.A.M.A.* **128**:848-851, July 21, 1945), constitute an excellent summary of the present position of gold therapy in arthritis:

1 Gold is of no value in any form of joint disease except rheumatoid arthritis.

2 Gold does not benefit all patients with rheumatoid arthritis.

3 Gold is not the final answer to the treatment of rheumatoid arthritis.

4 Toxic symptoms may appear at any time during this form of therapy.

5 From 10 to 20 per cent or more of patients who have received gold therapy relapse after stopping the drug.

6 Extreme care must be used during gold therapy, and the physician must be familiar with the details of such treatment before undertaking this.

7 Injections of certain gold salts in proper dosage may be followed by subjective and objective evidence of improvement in the majority of selected patients with rheumatoid arthritis.

Literature on request

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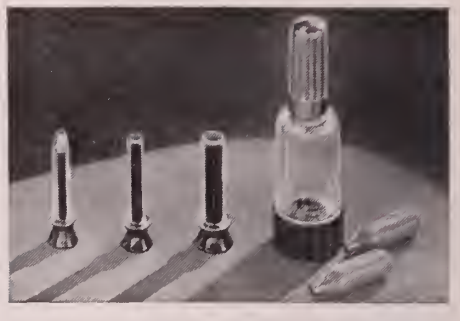
GOLD SODIUM THIOMALATE MERCK

for the treatment of rheumatoid arthritis

MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

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KIDDE DRY ICE Apparatus for Cryotherapy

Now you can use dry ice without depending upon the corner drug store for supplies or storing huge tanks of carbon dioxide in your office. Using a small cartridge of carbon dioxide, the new vastly improved KIDDE DRY ICE APPARATUS makes dry ice RIGHT IN THE INSULATED, PLASTIC APPLICATOR BARREL in a matter of seconds.

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With the new KIDDE DRY ICE APPARATUS cryotherapy is reborn . . . made practical for every physician in the treament of Verrucae, Keratoses, Angiomas, Soft Corns, Nevi, etc.

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Established 1916

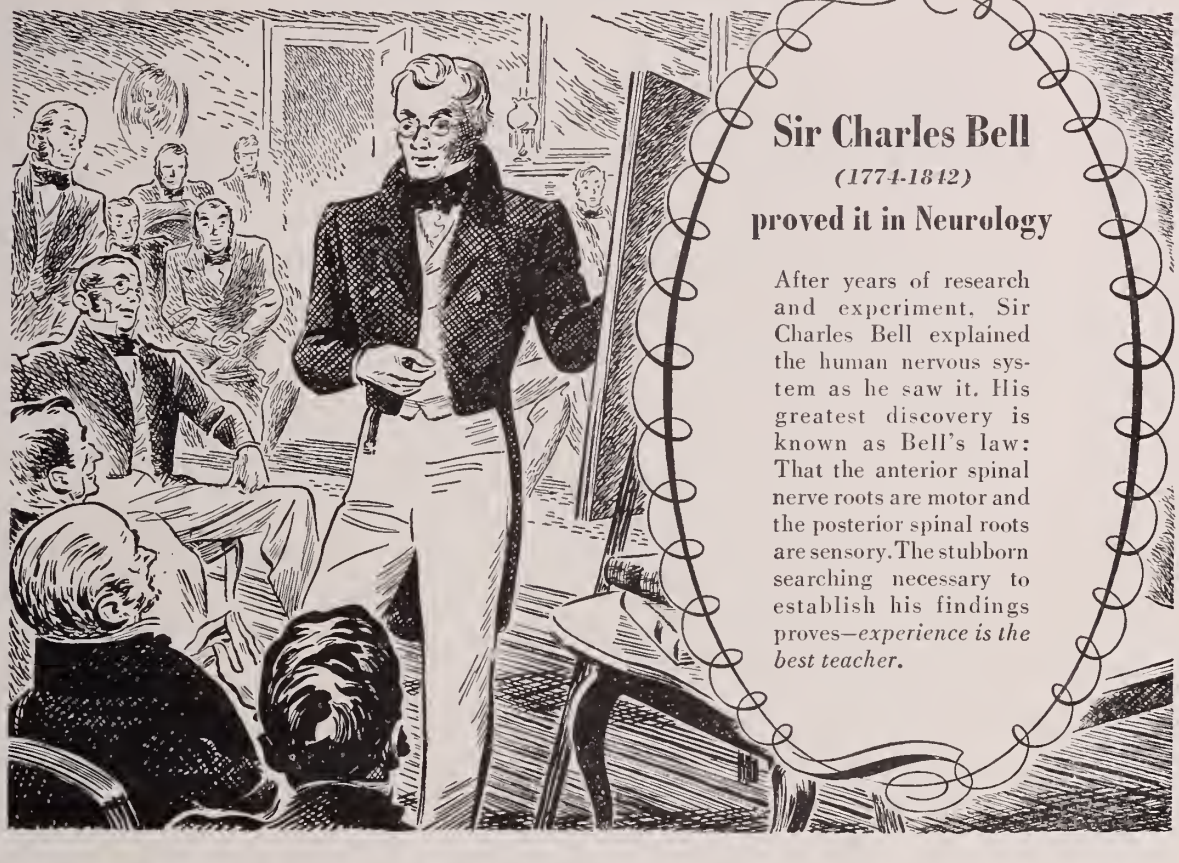
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Sir Charles Bell

(1774-1842)

proved it in Neurology

After years of research and experiment, Sir Charles Bell explained the human nervous system as he saw it. His greatest discovery is known as Bell's law: That the anterior spinal nerve roots are motor and the posterior spinal roots are sensory. The stubborn searching necessary to establish his findings proves—*experience is the best teacher.*

Yes, and experience is the best teacher in smoking too!

The wartime cigarette shortage is only a memory now, but that's when millions of people—smoking any brand they could get—learned the differences in cigarette quality.

And, significantly, more people are smoking Camels than ever before in history. But, no matter how great the demand:

Camel quality is not to be tampered with. Only choice tobaccos, properly aged, and blended in the time-honored Camel way, are used in Camels.





According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette

R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

Appreciation

APPRECIATION — WE WISH TO EXPRESS OUR SINCERE THANKS TO EACH OF YOU THAT HAVE CONTRIBUTED SO VERY MUCH TOWARD MAKING 1946 THE MOST SUCCESSFUL YEAR IN OUR ENTIRE HISTORY.

RESOLUTION—THAT WE SHALL EXERT EVERY EFFORT IN 1947 TO MANUFACTURE PRODUCTS THAT ARE EVEN MORE WORTHY OF YOUR CONFIDENCE AND TO MARKET THEM ONLY THROUGH ETHICAL CHANNELS.

WE OF THE TABLEROCK LABORATORIES SINCERELY HOPE THAT YOU AND YOURS WILL BE ON THE RECEIVING END OF EVERY HAPPINESS THAT 1947 HAS TO OFFER.

TABLEROCK LABORATORIES

Manufacturers of
PHARMACEUTICAL SPECIALTIES

GREENVILLE, S. C.

Peptic Ulcer

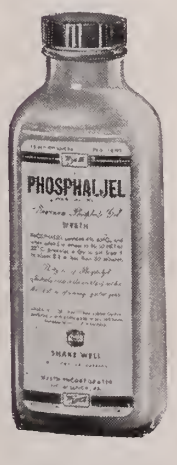
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Phosphaljel is unexcelled in the treatment of marginal ulcer. It provides quick relief from pain . . . lays a protective coating over the inflamed mucosa . . . *safely* buffers gastric acidity with no danger of alkalosis or "acid rebound." Phosphaljel permits a liberal bland diet—patients are more contented during treatment, gain strength and weight more quickly.

Phosphaljel provides excellent prophylaxis against seasonal recurrences, as well as protection against marginal ulcer following surgery. It is highly valuable in cases complicated by diarrhea, pancreatic insufficiency or phosphorus deficiency, and is well adapted for continuous buffering by intragastric drip.

* * *

A new Wyeth motion picture, in full color, entitled "Intragastric Drip Therapy for Peptic Ulcer," illustrating the use and advantages of the intragastric drip apparatus is now available for showing before medical groups. Request a showing for your medical society. Address Professional Service Department.



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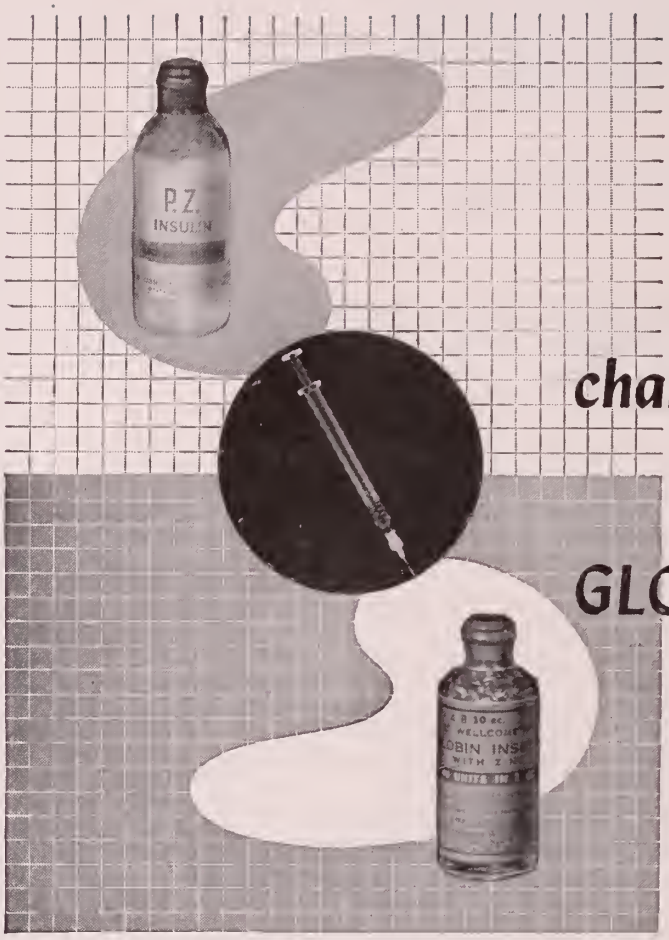
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changing from PZI to GLOBIN INSULIN

When protamine zinc insulin treatment is complicated by post-prandial hyperglycemia, nocturnal insulin reaction, protamine sensitivity, or other difficulties, a change to Globin Insulin often results in the desired improvement. The change is achieved in three steps:

1. THE INITIAL CHANGE-OVER DOSAGE: The first day, 30 minutes or more before breakfast, give a single dose of Globin Insulin, equal to ½ the total previous daily dose of protamine zinc insulin or of protamine zinc insulin combined with regular insulin. The next day, dose may be increased to ⅔ former total.

2. ADJUSTMENT TO 24-HOUR CONTROL: Gradually adjust the Globin Insulin dosage to provide 24-hour control as evidenced by a fasting blood sugar level of less than 150 mgm. or sugar-free urine in the fasting sample.

3. ADJUSTMENT OF DIET: Simultaneously adjust carbohydrate distribution of diet to balance insulin activity; initially 2/10, 4/10 and 4/10. Any midafternoon hypoglycemia may usually be offset by 10 to 20 grams carbohydrate at 3 to 4 p.m. Base final carbohydrate adjustment on fractional urinalyses.

Most mild and many moderately severe cases may be controlled by *one daily injection of 'Wellcome' Globin Insulin with Zinc.* Vials of 10 cc.; 40 and 80 units per cc. Developed in The Wellcome Research Laboratories, Tuckahoe, New York. U.S. Pat. 2,161,198. Literature on request.

'Wellcome' Trademark Registered

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Globin Insulin
WITH ZINC

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For Nervous and Mental Disorders
Drug and Alcohol Addiction
Electro-Shock in selected cases

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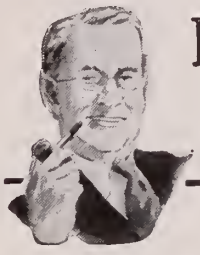
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FUNCTIONAL DISORDERS OF MENSTRUATION

C. J. COLLINS, M. D.
ORLANDO

The action of the follicle-stimulating and luteinizing hormone of the anterior lobe of the pituitary gland on the graafian follicle and corpus luteum of the ovary with the production of estrogen and progestin is fairly well understood. The response or lack of response of the endometrium to these two ovarian hormones is not so clear; nor is the role of the thyroid and the adrenal cortex in the causation of normal or abnormal uterine bleeding so well understood. The studies of Markee[1] have shown that the endometrial arterioles are the only part of that structure concerned with bleeding and that they are under hormonal control which is apparently local rather than systemic. It therefore follows that without an exact knowledge of the normal events leading up to menstruation, there still must be some mystery surrounding such departures from normal as amenorrhea and functional uterine bleeding. It is not my intention in this discussion to enter into any of the controversial theories so prevalent in these conditions but to attempt to present a practical method of dealing with these problems particularly as they confront the general practitioner in his daily practice.

The term functional implies a lack of anatomic cause. In speaking of these disorders it must be inferred that the usual methods of gynecologic examination have been employed in ruling out anatomic or organic causes. The accurate history, bimanual and speculum examination, basal metabolic rate, endometrial biopsy and vaginal smear study are all within the capacity of the general practitioner. Special examinations such as hormonal urine and blood titers must be left to the research worker with his well equipped laboratory. Fortunately, they are not necessary for the intelligent conduct of these cases.

AMENORRHEA

The term primary amenorrhea is used when menstruation has never occurred. It must be suspected in the girl of 16 years who has not menstruated and can be properly used if menstruation has not taken place by the age of 18 years. In secondary amenorrhea menstruation has been experienced, but has ceased. These terms are not exact for a secondary amenorrhea may be caused by a primary pituitary failure, but they are helpful since with the primary type one has no assurance that the patient has a pituitary-ovarian-endometrial mechanism capable of function while in the secondary variety one knows that, at least, at some time in the past function has occurred. This discussion will be limited to the so-called functional type of amenorrhea, excluding those cases caused by constitutional diseases, pituitary necrosis and adenomas, and certain overian and adrenocortical tumors.

Pregnancy, of course, is the greatest cause of secondary amenorrhea and must be considered as the probable cause in the patient who has previously menstruated regularly, regardless of marital status, until it has been carefully eliminated. In the group of cases now under consideration the causes in order of their frequency are: (1) primary pituitary failure with secondary ovarian hypofunction, (2) primary ovarian failure, and (3) hypothyroidism. In order to treat these cases intelligently it is necessary to determine as nearly as possible into which one of these classes each case falls.

The differential diagnosis between primary pituitary and ovarian failure is summarized in the following table:

TABLE I.[2]

	PRIMARY OVARIAN FAILURE	PRIMARY PITUITARY FAILURE
Amenorrhea	Present	Present
Body configuration	Usually thin	Usually obese
Genital atrophy	Present	Present
Dysmenorrhea	Present	Absent
Dyspareunia	Present	Absent
Emotional reactions	Exaggerated	Slight
Hypertrichosis	Absent	Usually present
Headache	Uncommon	Common
Visual fields	Normal	Minor defects
Estrogen level	Low	Low
Pituitary gonadotropin level	High	Low
Basal metabolism	Normal	Slightly depressed
Specific dynamic action of protein	Normal	Decreased
Fat tolerance	Normal	Increased
Sugar tolerance	Normal	Increased

Primary ovarian failure may be congenital or acquired. In cases of failure of congenital origin there is an inherent inability of the follicular sys-

Read before the Northeast Medical District Meeting, Gainesville, Oct. 30, 1946.

tem of the ovary to respond to pituitary stimulation, and in cases in which the condition is acquired, this response is lost later in life from pelvic infection, overwork, dietary deficiency states and other causes. The only distinguishing feature is that in the congenital form there is an overgrowth of the long bones.

The hypothyroid cases are not difficult to recognize because of the low basal metabolic rate, dry skin and hair, sensitiveness to cold, fatigued state, lack of mental alertness and brittle nails.

Treatment will be discussed as it applies to the different primary endocrine failures. Secondary amenorrhea responds to therapy much more readily than the primary type, which is notoriously resistant to treatment except in the young girl who merely has a delayed menarche.

PRIMARY PITUITARY FAILURE.—In cases of this type with a deficiency of the gonadotropins, the logical treatment would seem to be with the gonadotrophic hormones. The chorionic gonadotropins are of no value for they stimulate neither the pituitary body nor the ovaries. Mazer and Israel[2] reported some success with the administration of the pituitary synergist combined with chorionic gonadotropin (synapoidin). This is given in doses of 30 synergy units every other day for twenty days. The course of treatment is repeated after ten days' rest. Precautions must be taken against reaction in the allergic patient. Rydberg and Pederson-Bjergaard[3] reported good results with the injection of 3,000 international units of equine gonadotropin for five consecutive days followed by 1,500 units of chorionic gonadotropin for three days. Those patients who respond bleed within ten days of the last injection. A note of warning should be sounded against the indiscriminate use of these potent gonadotrophic hormones. The results obtained have not been sufficiently uniform to warrant their general administration. They are capable of producing enlarged cystic ovaries, and the patient must be checked by frequent pelvic examinations for this effect if they are given. I use them only infrequently and then usually in an attempt to induce ovulation in cases of sterility associated with anovulatory cycles.

Dietary restriction to correct overweight must be practiced. The administration of thyroid is generally indicated as the basal metabolic rate is usually slightly subnormal. The use of estrogens in small doses, because of the secondary ovarian failure, will enhance the value of the treatment. Estrogens in small doses stimulate pituitary function, but have a depressing effect when large doses are employed.

I am partial to the treatment of these cases with roentgen rays in low dosage to the pituitary gland and ovaries and have obtained the best results with this form of therapy. I have used this treatment for some years and believe that when it is given by an expert roentgenologist, no ill effect can result. The technic used is: 135 kv., 5 ma. at a distance of 40 cm. with 6 mm. of aluminum through an anterior pelvic field of 20 by 20 cm. Depending upon the thickness of the pelvis, 50 to 90 r measured in air is given. This therapy is repeated three times at intervals of one week. The pituitary gland is treated at the same time with the same dosage through a portal of 3 by 3 cm. just above and posterior to the midpoint of an imaginary line joining the outer canthus of the eye and the external auditory meatus.

Mazer and Israel[2], who have had extensive experience with this treatment, reported 65 per cent restoration of normal menstrual function in patients who had had one or more menstrual periods in the year immediately preceding the roentgen therapy. Not infrequently I have had patients with sterility associated with secondary amenorrhea become pregnant shortly after this treatment. The ovaries should not be irradiated in girls under 20 years of age. If the patient has not menstruated within two weeks, a pregnancy urine test should be made before beginning treatment because of the danger to the embryo. Likewise, sexual relations should be forbidden during the treatment because of the chance of pregnancy occurring.

PRIMARY OVARIAN FAILURE.—The gonadotropins are of no value in cases of primary ovarian failure. The prognosis is poor in the congenital form as the genital atrophy is so severe that there is generally a lack of endometrial response. In the acquired type, an attempt should be made to clear up any existing pelvic infection, such as the elimination of cervical infection by cauterization or conization and measures instituted to improve pelvic circulation in the hope of promoting follicular growth in the ovaries and maturation of the follicles. A high calorie diet with adequate vitamins should be given if the patient shows evidence of malnutrition. Bleeding may be induced by giving stilbestrol 5 mg. or ethinyl estradiol (estinyl) .3 mg. every night for five nights followed by progesterone 10 mg. intramuscularly for three days. The bleeding is usually artificial and not asso-

ciated with ovulation. The patient, however, is frequently delighted, her mental outlook is brightened, and at times her cosmetic inelegance, as Hamblen aptly puts it, is improved by a continuation of this routine at monthly intervals. In about 15 per cent of these cases normal regular bleeding from a secretory type of endometrium will continue if this cyclic treatment is continued for from four to eight months. My best results have been obtained here again, as in the cases of pituitary failure, with the roentgen ray treatment in low dosage. Irradiation to the pituitary gland may be omitted if it is certain that the primary failure is ovarian, as pituitary function is not impaired. It should be included, however, if doubt exists, as no harm results.

Case 1.—Mrs. H., aged 25, had amenorrhea for one and a half years except when she was given large doses of estrogen, which would produce a withdrawal bleeding. Previous to this time menstruation had been normal. She had been married two years with no pregnancy in spite of her eagerness for this state. The pelvic examination gave negative results with the exception of a uterus smaller than normal. She was given three roentgen ray treatments in low dosage to the pituitary gland and ovaries. This therapy was followed by three normal periods, after which she became amenorrheic again for two months. She was examined shortly thereafter, and a pregnancy of two months was present.

Hypothyroidism.—Of the endocrine group, hypothyroidism is responsible for the smallest number of cases of amenorrhea, but offers the most consistent successful results from treatment. The administration of thyroid to tolerance is usually all that is necessary to restore a normal menstrual function. If the patient is obese, her weight must be reduced, but there is usually little relationship between the obesity and the hypothyroid state. Thyroid is of particular value in young girls, combined with proper dietary measures, correction of anemia, physical rest and return to a normal emotional balance. It should be emphasized that the endocrine system is highly sensitive to malnutrition and emotional disturbances.

FUNCTIONAL UTERINE BLEEDING

This abnormal expression of uterine bleeding is most apt to occur in the two extremes of menstrual life, that is, during the puberal years and in the fifth decade of life. The remaining cases are rather uniformly distributed throughout the remaining years of menstrual life. The bleeding may occur from any endometrial pattern, hyperplastic to atrophic. The largest number of cases is associated with failure of ovulation and the resulting lack of progestin to balance properly the estrogen formation. In the other cases there is probably a defective corpus luteum formation with a low progesterone blood titer, causing a diminished metabolism or destruction of estrogen. Biskind and Biskind[5] have shown that estrogen is poorly metabolized by the liver in vitamin B complex deficiency states. The bleeding may be menorrhagic or metrorrhagic in character.

The treatment depends upon the age of the patient and the desirability of the preservation of the reproductive function. The bleeding can generally be controlled in two ways, by curettage and the administration of large doses of estrogens. Patients in the puberal age have a tendency to recover spontaneously when the anovulatory cycles are replaced by the normal process of ovulation. They should have a determination of the basal metabolic rate and be given thyroid as indicated. Even with a normal rate a small dose of thyroid will frequently establish a normal balance. If a vitamin B deficiency state is suspected, this should be given orally or parenterally. I have a case of a young girl 15 years of age whose normal cycle was dramatically restored with vitamin B complex after several bleeding episodes, requiring multiple transfusions. Curettage should seldom be performed on these younger patients.

As a rule stilbestrol 5 mg. daily will soon stop functional bleeding and afford time for further study of the patient. Karnaky,[6] the leading exponent of large doses of stilbestrol, stated that any severe functional uterine bleeding can be stopped in a matter of minutes by the injection of 25 mg. of stilbestrol into the cervix. If a severe menorrhagic bout can be anticipated, one of the androgens given in 10 to 25 mg. doses intramuscularly three times during the ten days preceding the event, will frequently result in a normal period. I no longer use this hormone to stop bleeding.

Hamblen and Davis[4] reported some success in the metrorrhagic cases from their one-two cycle treatment, giving the equine gonadotropin, 400 international units intramuscularly daily from the fifth through the fourteenth day of the cycle, and chorionic gonadotropin, 500 units daily from the fifteenth through the twenty-fourth day. Eighteen per cent of their patients with cyclic bleeding from an immature progestational endometrium became pregnant. They concluded that this treatment is of more value in endocrine sterility than the control of functional bleeding.

My preference for the metrorrhagic cases is the treatment described by Bickers,[7] who gives stilbestrol 5 mg. or ethinyl estradiol (estinyl) .3

mg. for twenty consecutive days and progesterone 10 mg. intramuscularly daily during the last four days of this treatment. On the fifth day of the resumption of bleeding this treatment is repeated for two more successive cycles. Progesterone administered orally in doses of 60 mg. daily can be substituted for the intramuscular injections. Bleeding is practically always controlled in from one to six days with this treatment. In 90 per cent of Bicker's cases normal cycles occurred while treatment was in progress and in 70 per cent they continued normal after it was discontinued. Ovulation was induced in 35 per cent of these cases.

Case 2.—Mrs. M., aged 18, stated that menstruation had begun at 14 years of age with prolonged menorrhagic bouts. A laparotomy was performed when she was 16 years old because of the questionable indication of a cyst of the right ovary. Oophorectomy on the right side and resection of the left ovary were done. When she consulted me, she had had no regular menstrual pattern for two years. Bleeding was metrorrhagic, lasting from twenty to thirty days with only a brief interval of a few days in between. She had been married one year without becoming pregnant. The pelvic examination gave negative results. She was given the cyclic treatment with estrogen and progesterone as described for three months. She had normal, regular periods for the first time in her life while under treatment. She was seen again three months after the discontinuance of treatment, and menstruation had continued normally at twenty-eight day intervals.

Rarely, radium in small doses may be employed to advantage in intractable cases, but must be used with extreme caution in the younger age group. One of my patients, aged 24, was given 500 milligram hours of radium after three almost exsanguinating hemorrhages requiring curettage and transfusions each time. She has since had five normal periods at twenty-eight day intervals. All women after thirty-six should have a diagnostic curettage to rule out the possibility of carcinoma of the corpus. In the premenopausal and menopausal group the treatment is considerably simplified. A diagnostic curettage is performed, and the patient is given an intrauterine application of radium of 1,800 milligram hours. A permanent frozen section is made of the scrapings, and if carcinoma is discovered, the radium is left in the uterus for a total dosage of 3,000 milligram hours, to be followed in six weeks by a total hysterectomy. It must be stressed that postmenopausal bleeding is nearly always anatomic instead of functional.

DYSMENORRHEA

Primary dysmenorrhea alone will be considered. This is diagnosed when no pelvic pathology is present which may be responsible for the dysmenorrhea. This condition may occur in normal healthy young women, but as a rule a low threshold to pain is present, and often psychogenic factors are involved. There is usually a hypermotility of the uterus caused by an excessive amount of estrogen. Novak and Reynolds[5] have shown that estrogen produces contractions of the uterus while progestin has an inhibitory effect. The uterus is frequently hypoplastic, but its position is of little significance. The site of the pain is in the sensory nerve corpuscles at the level of the internal os. The typical pain can always be produced in the primary type by the passage of a sound into the uterus.

I do not employ hormonal treatments for dysmenorrhea. They are expensive, usually require hypodermic injections, are unreliable and have no permanent value. The first method that I use for relief of pain is to have the patient take a series of pelvic fascial stretching exercises as described by Haman.[6] These exercises take less than five minutes and are done three time a day for at least two months. This author obtained relief for the patient in 89 per cent of his cases of primary dysmenorrhea. My results have been especially encouraging. After the patient has obtained relief, she is directed to take the exercises ten days before the succeeding periods. In the event of failure after two months of these exercises, I next dilate the cervix in the office under anesthesia with graduated Hegar dilators. The largest dilator that can be passed is left in the cervix for several minutes. The dilatation causes a tearing or atrophy of the sensory nerve fibers around the internal os. Generally there follows relief of pain for at least several months, and this procedure may be repeated if desired. Naturally pregnancy is advised in all cases when feasible.

My final treatment in the occasional severe refractory case that does not respond to any other treatment is a presacral neuronectomy. I have done sixteen of these operations; twelve were combined with other pelvic operations, and four were performed alone. In these cases 100 per cent relief was obtained, and there were some very grateful patients.

PREMENSTRUAL TENSION

This phenomenon is characterized by irritability, depression, nausea, sore breasts, bloating of the abdomen, headaches, and at times generalized edema occurring the week before menstruation. It is caused by sodium ion retention and a collection of fluid in the extracellular spaces. It is usually associated with a high estrogen concentration in the blood. I have used the treatment rec-

ommended by Greenhill and Freed[10] in which 1 Gm. of ammonium chloride is given three times daily for ten days preceding the period. Restriction of salt, also sodium bicarbonate, and a moderate limitation of fluids are also practiced during this premenstrual period. More recently Freed[11] reported that this condition can be prevented by having the patient take methyl testosterone, 10 mg. daily for ten days preceding the period. Both treatments are helpful in relieving patients of these annoying premenstrual symptoms.

SUMMARY AND CONCLUSIONS

A brief review of amenorrhea, functional uterine bleeding, dysmenorrhea and premenstrual tension has been presented, and the most successful methods of dealing with these problems have been described.

Primary amenorrhea is resistant to treatment, and an effort should be made to overcome this state by the age of 18 years. Otherwise, when adult age is reached, the condition will probably have become entirely refractory to treatment. Thyroid medication with reduction of weight in the obese patient will give better results when the disorder arises from hypothyroidism than from any of the other endoctrine deficiencies. Synapoidin and the combined use of the equine and chorionic gonadotropins are of some value in the amenorrheic type of case with primary pituitary failure, but their indiscriminate employment cannot be recommended because of certain inherent dangers in their use. In primary ovarian failure, cyclic bleeding can be produced by the use of estrogen followed by progesterone. This is usually of an anovulatory type, but normal menstruation from a secretory endometrium will ensue in about 15 per cent of cases if the treatment is repeated for from four to eight months.

In secondary amenorrhea, due to either primary or ovarian failure, the best results in my experience have been obtained with stimulating roentgen ray treatment in low dosage to the pituitary gland and ovaries, given at weekly intervals for three doses. Again it must be emphasized that the treatment must be given only by an expert roentgenologist.

In functional uterine bleeding, the loss of blood can generally be stopped in several days by large doses of estrogens or by curettage if more haste is necessary. Here, again, the use of the gonadotrophic hormones, in an attempt to control bleeding or to restore a normal periodicity of menstruation, is not advised as an effective mode of treatment. It is my practice to give a small dose of thyroid almost routinely to patients with this disorder regardless of the basal metabolic rate. I have found the use of estrogen administered orally for twenty days with progesterone given parenterally or orally the last four days the most successful means of restoring a normal menstrual cycle in these cases. This treatment should be repeated for three cycles. In the premenopausal and menopausal type of case the safest and most effective treatment from the standpoint of diagnosis and cure is the diagnostic curettage and radium in a menopausal dose.

A large number, 89 per cent, of patients with primary dysmenorrhea can be relieved by pelvic fascial stretching exercises. Dilatation of the cervix is recommended for those who fail to respond and presacral neuronectomy for the small group who are refractory to all other treatments.

Premenstrual tension can be relieved by the administration of ammonium chloride, 1 Gm. three times a day, with sodium ion and fluid restriction, also by methyl testosterone, 10 mg. daily, each treatment being begun ten days before the estimated onset of menstruation.

References

1. Markee, J. E.: Menstruation in Intraocular Endometrial Transplants in the Rhesus Monkey, Contrib. to Embryol. (No. 177) **27**:223, 1940.

2. Mazer, C., and Israel, S. L.: Diagnosis and Treatment of Menstrual Disorders and Sterility, New York, P. B. Hoeber, Inc., 1941.

3. Rydberg, E., and Pedersen-Bjergaard, K.: Effect of Serum Gonadotropin and Chorionic Gonadotropin on the Human Ovary, J. A. M. A. **121**:1117-1122 (April 3) 1943.

4. Hamblen, E. C., and Davis, C. D.: Treatment of Hypoovarianism by the Sequential and Cyclic Administration of Equine and Chorionic Gonadotropins—So-Called One-Two Cyclic Gonadotrophic Therapy, Summary of Five Years' Results, Am. J. Obst. & Gynec. **50**:137-146 (Aug.) 1945.

5. Biskind, M. S., and Biskind, G. R.: The Effect of Vitamin B Complex Deficiency on Inactivation of Estrone in the Liver, Endocrinology **31**:109-114 (July) 1942.

6. Karnaky, K. J.: Endocrines in Gynecology and Obstetrics with Special Reference to Stilbestrol in the Treatment of Uterine Bleeding.—Original Research on Menstruation, Texas State J. Med. **36**:379-385 (Sept.) 1940.

7. Bickers, W.: Ethinyl Estradiol in the Treatment of Metrorrhagia, Am. J. Obst. & Gynec. **51**:100-103 (Jan.) 1946.

8. Novak, E., and Reynolds, S. R. M.: The Cause of Primary Dysmenorrhea, with Special Reference to Hormonal Factors, J. A. M. A. **99**:1466-1472 (Oct. 29) 1932.

9. Haman, J. O.: Exercises in Dysmenorrhea, Am. J. Obst. & Gynec. **49**:755-761 (June) 1945.

10. Greenhill, J. P., and Freed, S. C.: The Mechanism and Treatment of Premenstrual Distress with Ammonium Chloride, Endocrinology **26**:529-531 (March) 1940.

11. Freed, S. C.: The Treatment of Premenstrual Distress, with Special Consideration of the Androgens, J. A. M. A. **127**:377-379 (Feb. 17) 1945.

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WEBSTER MERRITT, M. D.
JACKSONVILLE

In Jacksonville and Duval County, the years 1880, 1881 and 1882 appear to have been rather uneventful from the standpoint of the public health. It is true that in 1880, 225 deaths were reported in the city,[290] which compared with 119 in 1878 and 171 in 1879,[291] but Jacksonville's population was increasing, and more invalid tourists were visiting the city. In 1881, despite an increase in malaria,[292] the number of deaths reported was less than in 1880,[293] and in 1882, despite an epidemic of dengue fever, commonly called "broken bone fever," the mortality rate for the year remained favorable. It was reported that although hundreds of cases of dengue fever occurred during the month of September, none of the patients died.[294] Taken as a whole, 1882 was a year of substantial growth and progress, but 1883 was to prove quite diferent. The year began inauspiciously, the situation became worse in March, and by mid-June there was a blot on the city's health record which was to be long remembered by the people.

On January 16, 1883, the Florida Medical Association held its tenth annual meeting in Jacksonville. The association convened in the county court room, but such a small number was present that the meeting was postponed. When it reconvened the following day, poor attendance and lack of enthusiasm were evident. Apparently, nothing of importance was accomplished.[296]

Later in January, the editor of a local paper noted that Jacksonville's drinking water was being taken from Hogans Creek. He declared the water to be "absolutely horrible" and "disgraceful" to a city that was paying so much for "decent drink." Having expressed himself rather freely and being keyed to a high pitch, he continued:

> . . . looking athwart Bay Street yesterday methought I beheld mud. Not in little dots or specks, but mud in its splendid entirety . . . all embracing, weltering, withering, porridge-resembling mud. And I sighed.[296]

Apparently the editor felt rather strongly that the recently completed water works and sanitary improvements in the city left something to be desired. The health authorities, being of the same opinion, soon began a clean-up campaign, but their efforts were ineffectual.[297]

On March 31, a special meeting of the Jacksonville Board of Health convened at the office of Dr. William L. Baldwin, the son of Dr. A. S. Baldwin, to hear the report of Dr. A. W. Knight, the city Health Officer.[298] Dr. Knight recommended the appointment of sanitary inspectors, more adequate cleaning of water closets, the removal of hog pens, the clearing of debris from vacant lots, more frequent inspection of the slaughterhouses and more adequate supervision of the dairies. The prevailing disease during the winter had been influenza of a not very virulent type, but at the time of this special meeting on March 31, a loathsome and dreaded disease had made its appearance in Jacksonville.[299] Smallpox! The very sound of the name seemed to change the atmosphere of the city.

On April 7, a note written to a local paper suggested that "knowing the actual facts in regard to the recent outbreak of smallpox in Jacksonville would be far more reassuring that the wild and alarming rumors that are being sown broadcast . . ." and it decried the "senseless panic" of the citizens.[299] That morning, several physicians, a few members of the city council and a handful of "citizens" met at Dr. Columbus Drew's office and recommended that a special meeting of the Jacksonville Board of Health be called for that day, April 7. This group, having become indignant over the failure of The Florida Times-Union to publish the report of Dr. Knight, the Health Officer, further recommended, if the paper per-



Bay Street in the heart of Jacksonville in the eighties.

sisted in its refusal to publish the report, that the Board of Health print it in circular form and distribute it throughout the city.

Accordingly, the special meeting of the Board of Health convened that evening at the office of Dr. William L. Baldwin with the president, Dr. Neal Mitchell, presiding. Dr. Henry (Hy) Robinson, Chairman of the Duval County Commissioners and Superintendent of the Duval County Hospital and Asylum, read a letter from Mr. Charles Jones, Editor of The Times-Union, in which he explained that the decision not to publish the Health Officer's report had been made during his absence from the city, and he offered to publish any material furnished by the Health Officer. This letter seemed to satisfy those present, and the plan to print and distribute circulars was abandoned.

Dr. Knight then gave in summary form an official report on the disease. About mid-March, apparently a sick Negro sailor from New Orleans had stopped at a tenement house on the southwest corner of Cedar and Forsyth streets. Several Negroes had visited the tenement before his illness had been recognized as smallpox and they had contracted the disease. Immediately, Dr. Hy Robinson had had a Pest House constructed on the grounds of the Duval County Hospital and Asylum about a mile and a half from downtown Jacksonville, and all persons with smallpox had been removed there. At the time of Dr. Knight's report on April 7, 25 cases of the disease had occurred among the Negro population, and 6 patients had died.

Before this meeting was adjourned, the members of the city Board of Health issued a statement advising vaccination of all "unprotected" persons and assuring the public that there was no need for alarm.[299] For the benefit of those who were unable to pay, "vaccinating depots" were established in La Villa, Brooklyn, East Jacksonville and Hansontown as well as at the council rooms in the heart of the city.[300]

Several prominent physicians met with the Board of Health on April 11, to hear Dr. Knight report that he had placed yellow quarantine flags upon every house where smallpox was present, but that he had found as a general rule the flags were being disregarded. He cited several instances in which the flags had been pulled down and people had passed in and out of the houses indiscriminately. Accordingly, he had conferred with Mayor Dancy and had recommended that special policemen be appointed to guard each house that was quarantined.[301]

On April 13 it was noted in a local paper that vigorous methods to stamp out the disease were being employed. Mr. F. F. L'Engle, Mayor of La Villa, a colorful figure who held strong opinions, assigned men with "heavily loaded double-barrelled shotguns" to guard the quarantined houses and instructed them "to shoot the first person who attempts to violate the quarantine."[302]

To add to the excitement, uncertainty and confusion during these times, one of the nurses from the Pest House resigned her position, came into the city and began circulating rumors about the lack of bedding and equipment necessary to the comfort of the patients. She told of the leaky roof and general inadequacy of the hastily constructed building. People feared that she might be exposing residents of the town to smallpox, whereupon Mayor Dancy brought the problem before the Board of Health. Dr. Knight explained that the woman had had smallpox and before being allowed to leave the Pest House had been required to bathe in a disinfectant and make an entire change of clothing.[303]

On April 20, an editorial appeared in The Times-Union titled "Stop the Panic Mill:"

> it [the epidemic] has cost the city thousands of dollars. The visitors at first attached but slight importance to it; but seeing the panic of the citizens, they came to the conclusion that something serious was impending and the usual spring movement northward took the dimensions of a rush. Not only was the hotel season abridged by two weeks or more, but business in every department was paralyzed and the customary channels of trade left empty. The prosperity of the city has suffered a check the effects of which will be felt until next winter[304]

The Editor did not realize that much worse was yet to come and that many trials and tribulations lay ahead. Quarreling, bickering and interference were to be the order of the season.

On April 21, another editorial appeared accusing the health authorities of having taken a man and a woman suffering with smallpox to the house of a Mr. St. John for medical care, heedless of the fact that a Mr. Hoey living next door had seven small children. When Mr. Hoey complained, the editorial stated, the health authorities denied that the couple had smallpox.[305] The following day, a notice in the paper stated that the patient with "varioloid," reported at Mr. St. John's house, had been removed several miles from the city. It was signed by Dr. Neal Mitchell,

President, and Dr. A. W. Knight, Secretary, of the Board of Health.[306]

Also on April 21, Dr. Robinson, in his capacity as Chairman of the Board of County Commissioners, felt called upon to defend the medical profession against the attack of a citizen whose critical article had been published on that day. By way of reply, he wrote:

> A sensational story was published today about the pest house. If the writer had [had] the courtesy to ascertain all the facts connected therewith from the proper authorities he could have obtained all the information necessary. It is true that the pest house was hastily constructed because haste was necessary. It was built of plain pine lumber, located in the pine woods on the only lands the county owns and as nigh as possible removed out of all danger to others. As soon as a competent physician could be had . . . Dr. W. H. Babcock took charge of it . . . all was and is being done possible to make it as comfortable a place as the circumstances will permit, regardless of cost . . . When gentlemen [who] to the neglect of their own business devote their time and attention to . . . relieving their fellow creatures without pay . . . and actually run the risk of contracting the disease themselves . . . are condemned without a hearing . . . a morbid desire for sensation totally inexcusable [is implied.] If the critics desire the facts, I will be pleased upon application, to take them out to the pest house myself and give them every opportunity to judge for themselves.
>
> H. Robinson, M. D., Chm. Board Co. Commissioners[306]

Amid the confusion, accusations and counter accusations there appeared to be, on the part of some, a general laxness and indifference to the orders of the health department, whereupon the health authorities became stricter in an attempt to enforce the health laws. Two Negro preachers, who disobeyed orders and held church services at night, were arrested and "brought up" for punishment "according to law."[306] Later, a well known physician left a patient with smallpox and mingled with people on the street without "properly fumigating himself." He was called before the Mayor and fined $25 and costs.[307] On April 23, at a meeting of the Board of Health, Dr. John H. Livingston was elected public vaccinator and was instructed "to visit every house and vicinity, to examine all white and black persons and to vaccinate everyone who had not been successfully vaccinated."[308] Despite increased vigilance, however, and despite campaigns to arouse the public, compulsory vaccination did not prove to be practicable.

About this time Dr. Neal Mitchell, because of a reported 50 per cent mortality among the patients with smallpox, thought that he should make an explanation to the public. He cited a 30 per cent mortality rate reported at Riverside Hospital in New York City and went on to explain that in Jacksonville, since there had not been systematic vaccination as there had been in the North and since the mortality rate is higher in Negroes than in white people, the 50 per cent mortality rate was not excessive.[308] This explanation did not have the desired effect, however. On April 25, a strongly worded editorial appeared in The Times-Union which criticized the statistics cited by Dr. Mitchell and stated that the mortality rate in a large first class hospital of the North was 3 per cent and not 30 per cent.[309]

Soon a controversy began in earnest between citizens and some of the members of the Board of Health on the one hand and citizens and the Editor of The Times-Union on the other. As is often the case in controversy, there are two sides, and it is difficult to judge which side is right and which is wrong. Unfortunately, in this instance there were bitterness and misunderstanding. Many statements and accusations were made that must have been regretted later. For example, on April 25 an article appeared in The Times-Union from which the following is quoted:

> The Board of Health has published a bloodthirsty communication in which they threaten that if criticism of their methods does not stop, they will in their individual capacity "prove dangerous." If they are any deadlier in their individual capacity than they are collectively we had all better migrate at once.[309]

After Mr. F. F. L'Engle, in defending the Board of Health, used strong language which was interpreted by the Editor of The Times-Union to imply a personal threat of violence, the controversy became even more bitter and personal. On April 26, the Editor wrote:

> Having taken a reef in his blustering, Mr. F. F. L'Engle submits one or two points which we are willing to consider. He proposes to agree with us that it is rather late in the day in this good city of Jacksonville to attempt to silence legitimate public criticism by threats of personal violence, but intimates that the point is, what constitutes "legitimate criticism"?
>
> He suggests that Mr. Jones has had experience enough with the people in this latitude to realize that they sometimes resort to personal violence to 'punish' those who may happen to disagree with them. We may add that the people in this latitude have had experience enough with Mr. Jones to know that his course cannot be influenced in the slightest degree by either the perpetration of personal violence or the threat of it.
>
> The charge that we have attempted to arouse race and caste 'prejudice' is a conscious juggling with words. It was our protest against the introduction of 'caste' methods into the administration of board of health rules that first aroused Mr. L'Engle's ire. Our demand was that there should be no discrimination—that the lives of innocent men, women and children should not be imperilled by a pestilence-smitten person who happened to

> have a 'prominent citizen' to interfere in her behalf, any more than by Sambo and Sarah Ann . . .
>
> For most of the gentlemen . . . of the Board of Health we have as cordial respect as has Mr. L'Engle, and as high an appreciation of the thankless and disinterested service they are rendering to the community. We respectfully suggest to these gentlemen that our mild strictures have done them less damage in the minds of thinking citizens than has the intemperate language of their self-constituted defender.[310]

It is regrettable that Mr. L'Engle's remarks are not on record also, making it possible to analyze the controversy more objectively.

Elsewhere in the paper of April 26, in a more boastful mood, the Editor wrote further:

> The Board of Health have dried up and the wind has given them a ride.
>
> They have crawled into their hole and pulled the hole in after them.
>
> They are an echo, a reverberation, a current of air which sigheth through an empty bunghole—and the bunghole is not a very good bunghole either. But the bunghole is all that remains. And the bunghole wishes it had never been unbunged.[310]

On April 28, by way of humorously criticizing the members of the Board of Health for allegedly not going closer than hailing distance of the Pest House on Duval County Hospital lands when they made their tour of inspection, the Editor wrote:

> "Goodmorning, Dr. Babcock" was what a man over in Fernandina heard someone say. The voice seemed to come from the Amelia River. It was the Jacksonville Board of Health visiting the pest house.[311]

In early May there was a sharp decrease in the number of cases of smallpox reported, business began to revive, and there was generally an air of optimism.[312] On May 19, however, the temperature fell to 57 F., several days of cool weather followed, and there was a sharp increase in the disease.[313] An article in the newspaper on May 23 stated that the smallpox specter had defied the Board of Health, that there was a prospect of its continuing until fall, that the citizens of Jacksonville were threatened with bankruptcy, that the disease had stalked unbidden into the homes of the best citizens and that it was time to speak plainly and act firmly.[314]

A mild panic occurred following this announcement, and there was much confusion. Many suggestions were made by well meaning citizens for cleaning the city, and a group calling themselves aroused citizens organized and prepared to do so. Among the proposals was one that all patients with smallpox be moved to the Cuban House, a building in the country about two miles from Springfield.[314, 315]

Dr. Livingston was unable to determine who had been vaccinated, and the Board of Health had insufficient funds with which to operate.[313, 315] Dr. A. S. Baldwin, now 72 years of age, attended a combined meeting of the Duval County Medical Society and the Jacksonville Board of Health, whereupon compulsory vaccination was strongly recommended for everyone in Jacksonville, vaccinated or unvaccinated, and the services of the members of the Duval County Medical Society were offered free.[315]

On May 30, Dr. Robinson reported that the Board of Duval County Commissioners had voted to move all of the patients at the Duval County Hospital and Asylum to buildings at the Fairgrounds and to tender to the Board of Health all buildings at the Duval County Hospital and Asylum for use in the emergency.[316] This offer was readily accepted, and on June 3 it was reported that all the patients who had been confined to the Pest House had been transferred to the County Hospital.[317] Following this move all smallpox suspects were taken to the County Hospital immediately.

By mid-June, about three months after it began, the epidemic was virtually at an end.[318] A great number had been vaccinated and about 180 had actually contracted the disease. Approximately 60, or one third of those afflicted, had died.[319]

In a report on "The Late Epidemic," made to the Board of County Commissioners in September, Dr. Robinson paid special tribute to the citizens of Jacksonville who, under the efficient management of Col. J. J. Daniel, organized as an aid society and assisted the Board materially. He added that "the good ladies composing the Woman's Relief Society worked day and night without stint in money or time to assist us."[310] The best efforts of these citizens far outweighed the bickerings and acrimonious exchanges among some of the leaders. The epidemic caused Jacksonville to suffer a stunning setback in commercial and social activity. As in the past, however, recovery was to be sharp and sustained.

Bibliography

290. The Daily Florida Union, Jacksonville, Florida, January 1, 1882. Library of Congress.
291. Ibid. April 4, 1882.
292. Ibid. December 2, 1881.
293. Ibid. December 18, 1881.
294. Ibid. October 1, 1882.
295. Ibid. January 2, 1883.
296. The Florida Daily Times, Jacksonville, Florida, January 31, 1883. Library of Congress.
297. The Florida Times-Union, Jacksonville, Florida, March 5, 1883. Library of Congress.
298. Ibid. April 3, 1883.
299. Ibid. April 8, 1883.
300. Ibid. April 10, 1883.
301. Ibid. April 11, 12, 1883.
302. Ibid. April 13, 1883.
303. Ibid. April 14, 1883.
304. Ibid. April 20, 1883.
305. Ibid. April 21, 1883.
306. Ibid. April 22, 1883.
307. Ibid. June 8, 1883.

308. Ibid. April 24, 1883.
309. Ibid. April 25, 1883.
310. Ibid. April 26. 1883.
311. Ibid. April 28, 1883.
312. Ibid. May 6, 1883.
313. Ibid. May 19, 22, 23, 1883.
314. Ibid. May 23. 1883.
315. Ibid. May 26, 1883.
316. Ibid. May 31, 1883.
317. Ibid. June 3, 1883.
318. Ibid. June 14, 15, 18, 1883.
319. Ibid. September 5, 1883.

HOSPITAL CASE REPORTS

BRONCHOGENIC ADENOCARCINOMA WITH METASTASES; ABDOMINAL ANEURYSM

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VETERANS ADMINISTRATION HOSPITAL
BAY PINES

The patient, a white man aged 53, had for six weeks experienced pain in the left lower quadrant of the abdomen radiating down the leg, substernal pain and deep precordial burning coming on after eating. Two weeks after the onset, hoarseness, cough and sore throat developed. Roentgen examination of the chest at that time gave negative results. For ten years he had suffered with constipation, eructations and fulness after meals. Within the last year he had lost about 10 pounds in weight.

In 1929, while working, the patient had experienced paralysis of the right arm with paresthesia, which came on suddenly and disappeared within an hour. A similar episode three weeks later had involved the left leg, and after another interval of three weeks he had awakened with complete quadriplegia and dysphonia. The paralysis of the upper extremities had cleared within three weeks and that of the lower extremities had disappeared gradually until he got about using canes. Other illnesses and the family history were irrelevant.

On examination, the patient, moderately well nourished and developed, was chronically ill and apparently in pain. Moderate pallor bilaterally was noted in the eyegrounds. The temperature was 100 F., the pulse rate was 120, and the respiration 24. The blood pressure was 140 systolic and 80 diastolic. There was hyperresonance over both lungs with slightly diminished breath sounds at the base of the right lung. Frequent extrasystoles were the only apparent abnormality of the heart. The inguinal lymph nodes were enlarged, the one on the left being 4 cm. in diameter. There was interosseous atrophy of the upper extremities. Bilateral ankle clonus and 4 plus knee jerks were present. Decrease in motor function, moderate muscular atrophy, and decrease in vibratory sense in the lower extremities were noted.

Examination of the blood showed a red cell count of 4,300,000 and a white cell count of 18,300,000 with neutrophils 90 and hemoglobin estimation 78 per cent. Serologic tests and blood culture gave negative results. The nonprotein nitrogen content was 27, alkaline phosphatase 3.4 Bodansky units and acid phosphatase 1.8 Bodansky units. Urinalysis and examination of the stool gave negative results.

Roentgen examination of the chest revealed the presence of fibrous pleurisy on the left diaphragmatic surface. Ptotic elongation of the stomach and atony of the colon were also demonstrated by roentgen studies. Pyelograms gave evidence of a bifid kidney.

Biopsy of the left inguinal lymph node established the presence of an adenocarcinoma, grade III, but its source was not apparent.

On bronchoscopic examination, a widening of the carina and a small, fungating, nonobstructive lesion of the left main bronchus were observed.

During the patient's stay in the hospital, the course of the disease was downhill with unexplained spikes of temperature ranging to 102 F., which disappeared on penicillin therapy. A minimal cough occasionally was productive of blood-streaked sputum. Pain in the inguinal region on the right side became severe, anorexia was pronounced, and vomiting was frequent during the last three weeks of hospitalization. Crackling rales developed in the bases of the right lung. The patient became increasingly dyspneic and orthopneic, and died.

Clinical Diagnoses: Carcinoma with the primary site possibly in the left main bronchus. Multiple sclerosis.

CLINICAL DISCUSSION

Dr. Sieger: I do not believe that this patient had multiple sclerosis, which is a disease of insidious onset with many remissions. The most likely cause of this man's symptoms is a vascular lesion.

Dr. Raynolds: On the contrary, I believe that multiple sclerosis, in view of this man's age and the remissions, is the most likely diagnosis.

PATHOLOGIC FINDINGS

The autopsy was limited to the body. Most striking was involvement of the lymph nodes. Virchow's node, the right axillary nodes and the bronchial, mediastinal and abdominal lymph nodes varied from 3 to 8 cm. in diameter. Congestion and bronchopneumonia were present in the lower

lobes of both lungs. In the left main bronchus a small fungating lesion encircled the posterior third of the lumen and infiltrated the wall. Lymph nodes partially encased the blood vessels. The left adrenal was replaced by a 180 Gm., and the right a 50 Gm., nodular mass. All tumor masses were gray with areas of hemorrhage and necrosis. Just above the bifurcation of the abdominal aorta was a fusiform aneurysm, 10 cm. in diameter and 12 cm. long, filled with a friable clot which partially occluded the iliac arteries, whose diameters were sclerotic and narrowed. The gross findings were confirmed microscopically and are as follows: (1) bronchogenic adenocarcinoma with metastases to the lymph nodes and adrenals, (2) bronchopneumonia and (3) aneurysm of the abdominal aorta.

DISCUSSION OF PATHOLOGY

Dr. Goldthwait: Dr. Williams has asked me to discuss the physiology of death in this case. There are no symptoms to indicate that this man died of adrenal insufficiency. In my opinion the anorexia and resultant nutritional deficiency and the mechanical impairment entailed by the presence of the nodes produced a deficiency pattern in the small intestines and atony of the colon. Absorption of necrotic tissue and metabolism of the tumor, and negative nitrogen balance played their part.

Dr. Williams: The almost complete sparing of the lungs and pleura in this case is interesting. One must postulate that most of the spread was retrograde by lymphatics or by the blood stream. Cancers spread, as the name implies, like the claws of a crab along lymphatics whose walls have adequate blood supply, occlusion of the lymphatics aiding in the retrograde spread.

Why the adrenals are so frequently involved in malignant disease is difficult to explain. Their lymphatics are few, coursing only along the walls of the larger veins. The tumor cells must have entered the blood stream and found the adrenal a disproportionately fertile soil for implantation. This conclusion is also emphasized when the size of the gland is considered, both adrenals normally weighing approximately 6 Gm. Compare this to the liver weighing about 1,700 Gm. The frequency of metastasis to the adrenals makes them outstanding for tumor implantation when one considers the small amount of blood they receive compared to other organs.

I should like to have Dr. Raynold's opinion on possible adrenal failure and Dr. Wood's opinion with regard to lobectomy and pneumonectomy.

Dr. Raynolds: I do not believe that adrenal insufficiency played a part in this case since there was adequate time for tissue of similar type in various parts of the body to become active and compensate for any effect on the adrenals. I do think that nitrogen metabolism is an important factor; I believe, however, that commercial firms may be overdoing the importance of amino acid feedings, as they did vitamins at one time.

Dr. Wood: This man may have been beyond help when he first complained of respiratory difficulty. I think the whole problem is total removal of the whole tumor, and if this can be done by removing one lobe, I thing it should be done. I see no reason for subjecting any person to a pneumonectomy in such cases, when a lobectomy is sufficient. Metastasis to the adrenals is common.

Dr. Reeser: According to the pathologic findings, do you not think that any surgical procedure might have met with failure even from the start?

Dr. Williams: It is possible that such a bronchial tumor might remain in situ for some time, but I doubt that there would be symptoms. I would be of the opinion that there was lymph node involvement from the start of symptoms, and the surgeon would find this involvement and withdraw without surgery. The lung per se was not involved.

Abdominal aneurysms are unusual as low down as this one was. There is question as to the etiology of abdominal aneurysms, the usual causes being given as arteriosclerosis and syphilis. Syphilis cannot be excluded on negative blood and spinal fluid, and definitely identifying histologic changes since some 40 per cent of patients with syphilis are said to be able to cure themselves.

ABSTRACTS OF MEDICAL ARTICLES

INTRAVENOUS ADMINISTRATION OF MORPHINE TARTRATE, Frederick H. Bowen, Comdr. (MC) U.S.N.R., U. S. Nav. M. Bull. (May) 1946.

Commander Bowen directs attention to the speedier relief of pain afforded by the intravenous adminstration of morphine tartrate. The lag between the subcutaneous injection of this drug and the relief of pain not only causes needless suffering for the patient, but often occasions the injection of a second Syrette, the form used in the standard medical equipment of the Army and Navy. This "double dosage" (total dose, 1 grain) is in reality overdosage and is especially common in gunshot wounds of the abdomen because of the excessive pain. In the patient arriving at a field hospital in need of an operation, this overdosage poses a problem owing to the hazards of respiratory depression. Both the dangers of excessive dosage and the needless suffering during the interval of slow absorption of morphine tartrate administered subcutaneously are avoided by intravenous administration of the drug.

From Our President

THE COUNTY SOCIETY BULLETIN

An important link in the chain of medical cooperation is the bulletin of the county society. It serves a useful purpose in a number of ways. Through its columns the minutes of the meetings are made available to those unavoidably detained and also to those not in the habit of attending, enabling them at least to keep informed. In the larger counties where there are several hospitals, the day, hour and program for the regular meetings of the hosital staffs are announced through this medium. The committees of these various groups are also listed, and news items concerning the members add interest.

Discussion of the finances of the society and publication of its budget are an important service of the bulletin. In addition, the financial statements are printed periodically.

At the present time, in Alachua, Dade and Duval counties only is this helpful means of communication with the membership available to the societies. During the recent war years an interesting feature of the Dade County Bulletin was a series of letters from members in the service relating their activities. In the Duval County Bulletin there was recently published an outstanding serial giving the history of medicine in Duval County.

The county bulletin is an asset which can be almost paid for by advertising if the matter is properly handled. A tactful committee experienced in obtaining advertisements can usually solve this problem without difficulty. The project of a bulletin for each component society of the Association is a worthy objective for this year.

Thaler Richardson

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(Terms expire Dec. 31, 1948)

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CONVENTION PREVIEW

Members and guests who expect to attend the Seventy-Third Annual Meeting of the State Association are urged to make their hotel reservations without delay. This meeting will be held in Miami, April 21-23. The McAllister will be hotel headquarters; nearby hotels where special rates will be available are the Everglades, Alcazar and Columbus. Meetings of specialty groups will be held in the McAllister Hotel, where assembly rooms have been reserved.

General headquarters will be the Municipal Auditorium, which is located five blocks from the McAllister. At the Auditorium all members and guests are to register and secure their badges and programs. General sessions, scientific assemblies, meetings of the House of Delegates and technical exhibits will be at the Auditorium.

HOTELS

McALLISTER—*Hotel Headquarters*
(European Plan)
Single $4.00-$6.00 Double $7.00-$9.00

Other (*European Plan*)	*Single*	*Double*
Alcazar	$4.00-$6.00	$6.00-$ 8.00
Columbus	$5.00-$6.00	$8.00-$10.00
Everglades	$5.00-$8.00	$8.00-$12.00

The local committees, headed by Dr. Frank W. Hewlett, General Chairman, are making elaborate plans for entertainment. The Smoker on Monday night will be at the Coral Gables Country Club. The Association dinner on Tuesday night will be at the Surf Club. Dr. Robert McIver, the Association's Secretary, and Stewart Thompson have made several trips to Miami, assisting the local committees with their entertainment program.

The April issue of the Journal will be the Convention number. The program and full particulars concerning the events at the Convention will appear in that Journal.

WHITHER, DOCTOR?

The impact of modern civilization, particularly scientific progress, has engulfed the physician in a welter of material aids, a maze of imposing buildings and a host of essential personnel that would bewilder and confuse a less intrepid soul than he. Indeed, he must whet his education on the grindstone of endless mechanisms while he balances his accumulated experience and acquired diagnostic and therapeutic skills with the verdict of the laboratory or the latest gadget he must needs employ to keep up with the times. On them he is apparently wholly dependent. Liberated from the shackles of empiricism, he must today chart a wary course between the Scylla of auxiliary medical service he does not perform and the Charybdis of fragmentation by specialization.

Relatively, in the modern practice of medicine the physician shrinks numerically within the complicated and rapidly expanding structure of his present workaday world. Already surrounded, how long before he will be submerged by this intricate framework of innumerable ancillary, elabo-

rately staffed, yet esesntial services? Superimpose on this the superstructure of government control, so imminently threatened, and the relation of the physician to the whole structure of medicine declines alarmingly in importance. Weaken the keystone of the arch and the entire structure is imperiled. Reduce the practitioner of medicine from his high estate of servant of the public and devotee of culture to the lowly groveling role of slave to government and the top-heavy superstructure cracks, topples, then comes crashing down upon that public with devastating effect, for the followers of Aesculapius are thereby relegated to the lowest level to which an honored profession has ever been reduced.

Is history repeating itself? Is the profession being sucked into a whirlpool of the Dark Ages once again without being aware of it? Under strange guises with outward semblance of adherence to constitutional forms, the banner of statism is unfurled the world around today. Surely the Nazi regime provided the supreme example in our time of what a degenerate statism can do in the short space of a quarter of a century to bring medicine into intellectual captivity and debase its practitioners until they are reduced to the unbelievable plight of murderous tools. Who would deny the power of invasion by ideology today? Headhunters in modern dress, armed only with foreign ideologies, can be and are quite as much the exponents of barbarism as cannibals garbed in the skins of wild beasts.

In his bloated setting, the doctor inevitably shrinks. Already medicine is so subsidized by tax-paid funds that he is more captive than he realizes perhaps. Are the dark ages of medicine even now creeping in upon us and we know it not? Will men of medicine have the foresight, the stamina, the sagacity to extricate themselves and their profession from the maelstrom, or will they allow themselves to be drawn in supinely, further and further, until in the stupor of lethargy they are swirled to its very depths? The shadows loom large in the gathering fog, but the way out is not yet cut off. Nor will it be if a united profession puts forth immediate, valiant and steadfast effort to avert disaster.

H. L. P.

TEMPORARY PERMITS

The purpose of the new departure of the State Board of Medical Examiners of Florida in making provision for the granting of temporary permits to practice medicine within the state is to alleviate the medical needs of communities that are either wholly without or greatly in need of the services of a physician. The request for such services in a certain town or community must originate with the local county medical society and be signed by the president, or vice president, and the secretary. The applicant will be expected to remain in that community until licensed by regular examination by the Board. It is the prerogative of the members of the county society alone to determine whether or not temporary licentiates shall come within their midst.

The temporary permit will be valid only until the date of the issuance of the certificates granted at the next regular examinations (June and November) held by the Board after the date on which the temporary permit was granted. The fee of $25 for this permit includes the fee for the regular examination for licensure; it must accompany the application, and no part of it is returnable. The holder of a temporary permit must, therefore, appear at the next regular examination, and the granting of a permanent license terminates the limitation of location required under the temporary permit.

The temporary permit, unlike the permanent license, need not be recorded. All physicians must, however, register annually with the State Board of Health, paying a fee of $1, and must be approved or disapproved by the State Bureau of Narcotics for a special narcotic stamp, which is received with the narcotic permit from the Collector of Internal Revenue in Jacksonville or the nearest center.

To be eligible to apply for a temporary permit, the applicant must have a diploma from an acceptable medical college of the United States or Canada. Graduates of unacceptable medical schools of these countries or of foreign medical schools must take and receive credits for a senior year's work in an acceptable medical school of the United States or Canada, or must satisfactorily complete one year's assistant residency (following one year's internship satisfactorily completed in an approved hospital), or a residency or a fellowship in medicine, surgery or other specialty in an

approved hospital. Also, the Florida law requires as an additional prerequisite a certificate of proficiency from the Florida Basic Science Board.

The necessary forms to be filled out by the applicant and by the officers of the county society and then duly notarized may be obtained from the Secretary. After receipt of the completed forms, about seven weeks will be required for the issuance of permits unless the applicant has appeared at the regular examinations given by the Board and has an application on file, in which case two weeks will be required.

Although the Board is willing to help in any manner that is feasible, it cannot accept the responsibility of placing applicants, nor can it undertake to be at all times conversant with the medical exigencies of the communities throughout the state. It is not, however,likely that there will be at any time a dearth of physicians in the larger centers of population.

Harold D. Van Schaick, M.D., Secretary,
State Board of Medical Examiners of Florida,
2736 Southwest 7th Avenue,
Miami 36, Florida.

A. M. A. HOUSE OF DELEGATES MIDWINTER MEETING

REPORT OF DELEGATES

The first midwinter or supplemental session of the House of Delegates of the American Medical Association was held in Chicago at the general offices of the Association on December 9, 10 and 11, 1946. Both delegates representing the Florida Medical Association were present at every session of the meeting.

Following the preliminary business of the House, we heard short addresses by the Speaker of the House, the President and the President Elect of the Association. Since this was not the annual meeting of the Association, the committee reports were not complete, but were more in the form of progress reports.

It was early in 1946 that the American Medical Association obtained the services of the Rich Associates to make a complete study of all the departments of the Association and to make recommendations as to how each officer and department could render better and more efficient service. This survey was made, and the report was submitted prior to the annual convention in San Francisco, but was not given to the House of Delegates until this meeting in Chicago. Many of the recommendations of the Rich report are, therefore, now in operation or in the process of being carried out. The report, of necessity, was long and was studied by each member of the House. Then, in executive session, the report of the committee appointed in San Francisco to study the Rich report was discussed and adopted. While little of the report can be given here, we can give you many of the recommendations of this report which are being carried out by the Board of Trustees of the Association. This survey was made, and the recommendations made and accepted, principally to improve our services to the American public and to improve our public relations.

As was reported to you by your delegates following the San Francisco Session, it was recommended by the Rich report to separate distinctly the functions of Scientific Interpretation, Medical Economics and Social Medicine, and the direction of Public Relations. This first department of Scientific Interpretation has been put under the direction of the Editor of the Journal. It has also been recommended that he seek every opportunity and means to describe and dramatize the progress of scientific medicine, what it promises to mean to mankind and, especially, all that the Association has done and is doing to advance this progress. It was requested that he devote particular attention to the urgent task of vitalizing Hygeia and that he be authorized to obtain a fully competent managing editor with an adequate editorial and art assistance.

In the Bureau of Medical Economics a professional economist, not a physician, was employed, as was recommended by the Rich report, which further recommended that he be a truly superior person of the highest caliber. He is not only the director of the Bureau but also has the responsibility of procuring and developing the material for a department of Medical Economics and Social Medicine in the Journal and also creating in the Journal and Hygeia a department for the expression of diverse viewpoints. This change will create a dynamic atmosphere which will go far to arouse the active interest of many physicians whose lethargy has rightly been a matter of grave concern.

Under the third heading of Public Relations, a Public Relations ofifcer has been appointed who

Presented at Board of Governors' meeting, Jacksonville, Feb. 16, 1947.

is also assistant to the General Manager of the Association, and this executive assistant is in charge of coordinating and servicing the Public Relations activities of all offices, councils, bureaus and divisions in this department of the Association. He has the responsibility of developing, with the full support of the Board of Trustees, ways and means of greatly broadening the system of interpretation of the Association to the public on matters other than scientific medicine. It was further stated that in viewing the field of Medical Economics and Social Medicine from a Public Relations standpoint, there are three basic tasks—three essential goals, they might be called. Each must be held constantly in mind by the Association. First, find the truth; second, put the people first; and, third, become adequate.

Under the Bureau of Health Education it was recommended that the Director of the Bureau and Executive Assistant to the General Manager be appointed by the Board of Trustees It was further recommended that this Board appoint two advisory councils dealing respectively with school health problems and with popular health programs. The establishment of a Health and School Section of the Bureau and the appointment of an Assistant Director to be in charge of this Section were other recommendations. We believe these appointments and these revisions have been made, or are in the process of being made. It was found by the Rich Associates that many of the publications of the Bureau of Health Education were out-of-date and should be scrapped. It was recommended, and the recommendation is being carried out, that the present stock of out-of-date pamphlets be immediately scrapped and no further use be made of the present list of health publications of the Bureau, and that the Bureau be required to have each of its publications periodically re-examined as to scientific content by a competent authority. Whenever a publication is found to be out-of-date, it is to be withdrawn from distribution or to be rewritten if the subject is still important.

As you have already been informed, the American Medical Association is undertaking a series of fifty-two weekly broadcasts on a nationwide hookup under the title of "Medicine Then and Now." These broadcasts have been on the air now for several months with nearly every state in the Union being asked to contribute something to them.

While the Rich report and the recommendations therefrom occupied the major portion of the time of this meeting of the House of Delegates, some resolutions were passed, and other business was brought before the House. One resolution had to do with requesting the various specialty boards to be a little more lenient with their requirements with men who are to stand the examination in that preceptorships be recognized as being a form of study for men who are seeking to be certified by their boards. This resolution was adopted and sent to the various specialty boards.

Furthermore, the House of Delegates is attempting to rewrite the Constitution and By-Laws of the Association, and they will be presented finally to the House of Delegates at its meeting in Atlantic City in 1947 for adoption.

The 1947 meeting in Atlantic City will be the Centennial Celebration of the Association, and great preparations are being made to make this the greatest convention in our history.

Homer L. Pearson
Edward Jelks

MIDWINTER POSTGRADUATE COURSE IN OTOLARYNGOLOGY AND OPHTHALMOLOGY

The Midwinter Postgraduate Course in Otolaryngology and Ophthalmology sponsored by the Graduate School of Medicine of the University of Florida was presented at the Floridian Hotel in Miami Beach, January 7-11. An unusually large group of distinguished lecturers comprised the faculty, and the enthusiasm with which the course was received was especially gratifying.

The 122 registrants came from 21 states and 3 foreign countries. In addition to the 31 physicians in attendance from Florida, there were from New York 11, Pennsylvania 10, Illinois 8, New Jersey 7, South Carolina 6, Indiana and Michigan 5 each, Virginia 4, Arkansas, Georgia, Maryland, North Carolina, Ohio and Tennessee 3 each, Louisiana, Missouri and West Virginia 2 each, and Alabama, Delaware and the District of Columbia 1 each. Six physicians from Cuba, 1 from Puerto Rico and 1 from Colombia also took the course.

This course offers the physicians of Florida an exceptional opportunity for postgraduate work within their home state, made possible by the University of Florida. Every otolaryngologist and ophthalmologist practicing in the state will no doubt wish to begin now to plan to be in attendance next

winter. Plans are already under way for presenting a similar course then and for enlarging its scope.

The lecturers on the program of this first mid-winter course and the subjects they presented were: Division of Otalaryngology, Dr. A. C. Furstenberg, Dean and Professor of Otolaryngology, University of Michigan Medical School, Ann Arbor, Mich., "Diseases of the Salivary Glands" and "Use of Residual Hearing;" Dr. Julius Lempert, New York, N. Y., "Determination of the Suitability of a Deafened Ear for Fenestration," "End-Aural Surgery of the Temporal Bone" and "Postoperative Care of the Fenestrated Labyrinth;" Dr. Fletcher D. Woodward, Professor of Otolaryngology, University of Virginia Department of Medicine, Charlottesville, Va., "Maxillary Sinus Infections" and "Maxillary Sinus Tumors;" Dr. Harry W. Lyman, Clinical Professor of Otolaryngology, Washington University School of Medicine, St. Louis, Mo., "Antibiotics in Otolaryngology;" Dr. C. Stewart Nash, Professor of Otology, University of Rochester School of Medicine, Rochester, N. Y., "Functional Diseases of the Nose;" Dr. Henry M. Goodyear, Professor of Otology, University of Cincinnati College of Medicine, Cincinnati, O., "The Use of Iodized Oil and Intranasal Surgery in Maxillary Sinus Disease" and "The Relation of Sinus Conditions to the Eye;" Dr. Chevalier L. Jackson, Professor of Bronchoscopy, Temple University School of Medicine, Philadelphia, Pa., "Surgery of the Larynx (Benign)" and "Surgery of the Larynx (Malignant);" Dr. Frederick H. Figi, Otolaryngologist at the Mayo Clinic, Rochester, Minn., "Plastic Problems Pertaining to the Nose and Accessory Sinuses" and "Plastic Problems Pertaining to the Throat and Ears;" and Dr. V. K. Hart, Charlotte, N. C., "Clinical Aspects of Bronchiectasis from the Rhinologic and Bronchoscopic Standpoint."

Division of Ophthalmology, Dr. A. D. Ruedemann, Ophthalmologist, Crile Clinic, Cleveland, O., "The Protruding Eye," "Full Eye Plastic Implant" and "The Treatment of Cataracts;" Dr. W. I. Lillie, Professor of Ophthalmology, Temple University School of Medicine, Philadelphia, Pa., "Pre-Chiasmal Syndromes," "Chiasmal Syndromes" and "Fundal Changes Associated with Arteriolar Hypertension;" Dr. Ralph L. Lloyd, Ophthalmologist, Brooklyn Eye and Ear Hospital, Brooklyn, N. Y., "The Cornea," "Disc Malformations and Diseases" and "Macular Lesions, Including Use of Red-Free Light and Binocular Ophthalmology;" and Dr. R. Townley Paton, Ophthalmologist, Manhattan Eye, Ear and Throat Hospital, New York, N. Y., "The History and Indications of Keratoplasty," "The Technic of Keratoplasty" and "Contraindications and Complications of Keratoplasty."

STATE NEWS ITEMS

The manner in which the American Medical Association is now handling inquiries from state and county medical societies about physicians who are applicants for membership in these societies is expeditious and most commendable. Printed forms are provided in duplicate, one white and one yellow, and it is expected that the secretary of the component county or constituent state medical association seeking information regarding applicants will enter thereon not only the name of the applicant but also the information which is to be verified. In addition to space for routine information, there is ample space for remarks. Both forms are sent in, and the white form is returned properly checked, bearing the signature of the Secretary of the American Medical Association.

The volume of inquiries has become so great and the data requested and supplied so varied that it has become impossible to reply in some instances for several weeks. As a rule, the principal information desired is whether or not the files of the American Medical Association contain information of a derogatory nature about the person in question. In consequence, a uniform plan of inquiry and reply obviates the necessity for exchange of letters, saves time, labor and expense, and greatly simplifies the whole procedure.

Dr. Robert B. McIver, Secretary-Treasurer of the Association, has ordered a supply of the forms. He will be glad to send them to the county societies upon request of the secretary.

The first annual meeting of the Florida Neurology & Psychiatry Society will be held on Sunday night, April 20, at the McAllister Hotel in Miami, preceding the Annual Meeting of the Association. Dr. H. Mason Smith, Tampa, President, and Dr. W. H. McCullagh, Jacksonville, Secretary, are the temporary officers who are arranging for the meeting and the permanent organization of this group. This new society will be a welcome addition to the several specialty societies now functioning in Florida.

The group will convene in scientific session at 8 p. m. to hear an address by Dr. J. G. Lyerly of Jacksonville entitled "Surgical Relief of Pain."

The business session with election of officers is scheduled for 9 p. m. The members of the Association practicing the specialties of neurology and psychiatry are urged to attend this initial meeting and have a part in the permanent organization of the society.

The Southern Section Meeting of the American Laryngological, Rhinological and Otological Society, Inc., convened on Jan. 6, 1947, in the Floridian Hotel at Miami Beach. There were 30 members and 79 guests present.

Those participating in the program were Drs. A. C. Furstenberg, Ann Arbor, Mich.; Watt W. Eagle, Durham, N. C.; Julius Lempert, New York, N. Y.; Chevalier L. Jackson, Philadelphia, Pa.; Fletcher D. Woodward, Charlottesville, Va.; C. Stewart Nash, Rochester, N. Y.; M. M. Cullom, Nashville, Tenn.; Walter A. Wells, Washington, D. C.; Henry M. Goodyear, Cincinnati, O.; Verling K. Hart, Charlotte, N. C.; Murdock Equen, Atlanta, Ga.; and Frederick H. Figi, Rochester, Minn.

This meeting opened the midwinter seminar of postgraduate work in otolaryngology and ophthalmology of the Graduate School of Medicine of the University of Florida.

Dr. James H. Wells, recently in charge of the Southeastern Florida Health District, was on January 1 appointed director of the new unit composed of Brevard and Osceola counties. His headquarters will be at Titusville and Kissimmee.

Dr. Thomas E. Morgan was appointed on January 1 as health officer in Duval County with headquarters at Jacksonville. Dr. Morgan was with the State Board of Health before entering military service.

Dr. L. L. Parks, who has been director of the Duval County Health Department since his return from duty with the Army of the United States, has resigned and has been appointed director of the recently organized Field Technical Staff.

In keeping with the present movement within the American Medical Association to recognize the general practice of medicine as a separate branch of the medical profession, plans are now well under way to organize into a specialty group the general practitioners associated with organized medicine in Florida. For the purpose of organizing the Florida General Practice of Medicine Society, a meeting has been arranged at the McAllister Hotel in Miami for Monday, April 21, immediately preceeding the opening of the State Convention. Serving as temporary officers until the permanent organization can be effected are Dr. Eugene G. Peek, Ocala, President, and Dr. M. Crego Smith, Clearwater, Secretary.

Two distinguished guests will address the group during the scientific session, which will convene at 10 a. m. Dr. Wingate M. Johnson of Winston-Salem, N. C., who is the Chairman of the Section on General Practice of Medicine of the American Medical Association, will speak on "The General Practice of Medicine." The second guest speaker is Dr. Wilburt C. Davison, Dean of the Duke University School of Medicine, Durham, N. C., whose subject is "General Practice and Group Practice."

It is expected that the founding of this society will evoke wide interest among the general practitioners within the Association and that many will wish to avail themselves of this opportunity to hear these noted authorities discuss timely aspects of the important subject of the general practice of medicine. The new society should have many charter members participating in the business session at noon when the election of officiers will take place.

Dr. W. S. Nichols, Lake City, spent the latter part of December in Birmingham, Alabama, visiting clinics.

STATE BOARD OF HEALTH WANTS DIRECTOR OF MATERNAL AND CHILD HEALTH

The State Board of Health is interested in employing a young physician with special training in pediatrics or obstetrics as director of the Bureau of Maternal and Child Health. Beginning salary will depend upon training and experience, but salary increases are possible after appointment up to $8,400. Traveling expenses are paid in addition to the salary. The person appointed will be classified either as Health Officer III (salary, $5,400 to $7,200) or Health Officer IV (salary, $6,000 to $8,400) depending on training and experience. The state has an attractive retirement plan. Anyone interested in this position should get in touch with Dr. Wilson T. Sowder, State Health Officer, P. O. Box 210, Jacksonville.

MEDICAL OFFICERS RETURNED

Dr. Sanford L. Zieve, who entered military service on July 25, 1942, received his discharge on Aug. 24, 1946. His address is Professional Building, Orlando. He held the rank of Lieutenant Commander.

Dr. Francis J. Mantell, who entered military service on Feb. 26, 1944, received his discharge on Aug. 25, 1946. His address is Excelsior Springs, Mo. He held the rank of Major.

Dr. Paul D. Holloway, who entered military service Dec. 24, 1943, received his discharge March 31, 1945. His address is Collins, Miss. He held the rank of Surgeon (R), U.S.P.H.S.

Dr. Emmett T. Fitzpatrick, who entered military service June 17, 1942, received his discharge on April 1, 1946. His address is 189 N. W. 100th St., Miami, Fla. He held the rank of Lieutenant Commander.

VETERANS CARE AGREEMENT AND FEE SCHEDULE — PART I.

The following Agreement and Fee Schedule were prepared for the Association by a special committee on veterans' care, composed of Dr. Frederick Hardy Bowen, Jacksonville, Dr. Joseph S. Stewart, Miami, and Dr. Douglas Martin, Tampa. The Agreement was approved by the Board of Governors on September 1, 1946, and was later signed by Dr. Shaler Richardson, President, on behalf of the Florida Medical Association and by R. C. Kidd, Director, Supply Service, on behalf of the Veterans Administration.

AGREEMENT BETWEEN THE VETERANS ADMINISTRATION AND THE FLORIDA MEDICAL ASSOCIATION FOR THE MEDICAL CARE OF VETERANS WITH SERVICE CONNECTED DISABILITIES

1. It is the purpose of the Florida Medical Association to collaborate with the Veterans Administration in a manner, which will provide the best possible medical care for veterans residing in the State of Florida.

2. The Florida Medical Association will request all of its members to participate in a state-wide program whereby physicians in private practice will render medical services (examinations, treatments and counsel) in such cases as may be authorized by the Veterans Administration.

3. The Florida Medical Association will submit to the Veterans Administration a list of members who desire to provide services for eligible veterans in home communities of such veterans.

4. The physicians so listed may be appointed as fee-designated physicians of the Veterans Administration.

5. Such list may be augmented from time to time as additional physicians indicate a desire to participate in the program.

6. By notice in writing, a physician may at any time request that his name shall be removed from the list of fee-designated physicians.

7. Fees for medical services in authorized cases shall be paid by the Veterans Administration to the physician rendering the service in accordance with the fee schedule, which is attached hereto and made a part of this agreement. The Florida Medical Association warrants that the rates charged herein are not in excess of the rates charged other persons, who are not Veterans Administration beneficiaries, for the same service. It is understood that unusually involved cases and services not scheduled will be subject to review by the Florida Medical Association and for recommendation to the Veterans Administration as to the appropriate fee.

8. The Florida Medical Association will assist the Veterans Administration in establishing for examinations and treatments a list of competent specialists who meet the qualifications for specialists of the Veterans Administration.

9. Lists submitted by the Florida Medical Association will be broken down by counties or districts in order that the veteran for whom services are authorized may select a physician practicing in his home community.

10. The Veterans Adminstration will handle administractive and clerical details in connection with the authorization of examinations or treatments and the maintenance of records, and will arrange for transportation of the veteran if necessary.

11. When authorizing examination or treatment, the Veterans Administration will furnish to the veteran proof of such authorization and a list of fee-designated physicians in the county or district in which the veteran is located, in order that he may select his own physician for the services authorized. In certain special examinations the Veterans Administration reserves the right to designate the examiner.

12. The Veterans Administration will review reports of examinations and services to determine their adequacy. No fees will be paid by the Veterans Administration for reports, which are not acceptable to the Veterans Administration nor for services rendered in unauthorized cases.

13. The Florida Medical Association will establish one or more boards of review composed of physicians. It shall be the duty of such board to review reports, which are deemed by the Veterans Administration to be inadequate, or which do not meet the requirements of the Veterans Administration; to recommend, at its discretion, the disqualification of any physician from further work with the Veterans Administration whose work is found by the board to be incomplete or unsatisfactory; to advise and assist the Veterans Administration on other matters within the scope of this program.

14. The Florida Medical Association does not propose to make any charge for any service rendered to the Veterans Administration under this agreement.

15. This agreement may be terminated by either party by giving sixty (60) days notice in writing.

December 1, 1946, Effective date of this agreement.

Signed on behalf of the Florida Medical Association.

(signed) SHALER RICHARDSON
President

Signed on behalf of the Veterans Adminstration by:

(signed) R. C. Kidd
Director, Supply Service.

Fee Schedule for Medical Services Submitted to Veterans Administration by

Note: In order to achieve uniformity and to expedite negotiations between Veterans Administration and state medical associations or state medical service organizations concerning fee schedules, the Veterans Administration requests that such fee schedules be submitted on this prepared form in two parts:

PART I consists mostly of out-patient services to be rendered in the physician's office, veteran's home or hospital.

PART II is made up principally of items relating to in-patient services.

The reason for the separation of the total schedule into parts is to permit the shorter, more frequently used and more urgently needed PART I to be quickly submitted, accepted and put into operation while the longer and more difficult PART II is being negotiated.

For purposes of identification, all items of the fee schedule form are numbered. Some items are listed twice. This is done when items may be sought under more than one classification heading. Thus, "cisternal puncture" may be found under both "Examinations—Special" and "Neurosurgery." However, it will be noted that to secure identification of the item as the same in both cases, the same number is assigned to each entry. For this reason the numbers are occasionally out of consecutive order.

It is requested, when a service is rendered by two physicians (e.g., by a neurosurgeon and a roentgenologist in performing ventriculography), and that one fee be submitted for that service, but that it be itemized to indicate the amount received by each physician.

Fee Schedule for Medical Services—Part I Submitted to Veterans Administration by The Florida Medical Association

CLINICAL LABORATORY TESTS

001—Red, white and differential blood counts including colorimetric hemoglobin estimation$ 5.00
002—Blood smear for malaria 2.00
003—Urinalysis, routine chemical and microscopic 3.00
004—Blood Wasserman (complement-fixation) 4.00
005—Blood Kahn (precipitation) 3.00
006—Spinal fluid Wasserman (complement-fixation) 4.00
007—Spinal fluid Kahn (precipitation) 3.00
008—Chemical examination of blood complete, including creatinin, urea, dextrose, nitrogen (or NPN) and uric acid 15.00
009—Sputum examination for tuberculosis (plain smear) 3.00
010—Determination of basal metabolic rate 10.00

VISITS AND EXAMINATIONS

011—Examination to determine need of hospitalization 3.00
012—Complete general routine physical examination 7.50

VISITS WITHIN CITY LIMITS

Day—		*First*		*Subsequent*	
Office	013	$3.00	013A	$3.00	
Home	014	5.00	014A	5.00	
Hospital	014B	5.00	014C	5.00	
Night—					
Home	015	8.00	015A	8.00	
Hospital	015B	8.00	015C	8.00	

016—Charge for mileage one way for day or night visit outside city limits in addition to appropriate fee .75

EXAMINATIONS BY SPECIALISTS

017—General Surgical 7.50
018—Orthopedic 10.00
019—Physical examination of heart 7.50
020—Complete examination of heart, including electrocardiogram 15.00
*Day: 7:00 a.m.-7:00 p.m. Night: 7:00 p.m.-7:00 a.m.
021—Electrocardiogram with interpretation 10.00
022—Physical examination of lungs 7.50
023—X-ray of lungs, flat plate 10.00
024—X-ray of lungs, stereoscopic 15.00
025—Gastrointestinal, including barium meal, X-ray and fluoroscopy 40.00
026—Dermatological 7.50
027—Allergy investigation (protein sensitization tests) including complete examination and report: For each 25 tests 35.00
028—Genitourinary examination without cystoscopy 7.50
029—Gynecological 7.50
030—Proctological 7.50
031—Psychiatric examination, complete 10.00
032—Neurological examination, complete 7.50
033—Examination of ears, nose and throat 7.50
034—Special ear examination, including audiometric test with chart 10.00
035—Special ear examination, including caloric or Barany test with report 10.00
036—Examination of eyes (to include a copy of the prescription ordered, if one is indicated and a report of the fundus and field findings—the latter by chart in all cases of optic atrophy) 11.00
037—Examination of eyes with refraction, if mydriatic is used (to include either a copy of the prescription ordered or a report of the refractive error, the fundus and field findings—the latter by chart in all cases of optic atrophy) 14.00
038—Examination by internist to determine diagnosis 15.00

OUT-PATIENT TREATMENT BY SPECIALISTS

039—Dermatological: First visit 5.00
040—Dermatological: Each subsequent visit 3.00
041—Ear, nose and throat: First visit 5.00
042—Ear, nose and throat: Each subsequent visit 3.00
043—Ophthalmological: First visit 5.00
044—Ophthalmological: Each subsequent visit 3.00
045—Psychiatric treatment (Psycho-therapeutic conference), session of at least 50 minutes 12.00
046—Psychiatric treatment (psycho-therapeutic conference), session of 25 minutes or less 6.00
047—Neurological treatment—(treatment is understood to be the usual follow-up care and observation after diagnosis has been made at orinal neurological examination) 5.00
048—Intravenous narcosynthesis procedure 15.00
*025A—X-ray colon by barium enema 20.00
025B—Short gastro-intestinal series 25.00

GRADUATE SHORT COURSE

The Graduate Short Course for Doctors of Medicine will be held this year, June 23 to 28 inclusive, at the George Washington Hotel in Jacksonville. Several members of last year's faculty will, it is anticipated, again be present. Dr. W. A. Sodeman of Tulane University, New Orleans, will give the lectures on Medicine. Dr. W. F. Rienhoff, Jr., of Johns Hopkins University, Baltimore, will deliver the lectures on Surgery. Dr. S. A. Cosgrove of Columbia University, New York, will lecture on Obstetrics.

The lecturers on Pediatrics and Gynecology

have tentatively accepted, and their names will be announced in the April Journal. It is hoped that Dr. John A. Cutler of the United States Public Health Service, who was so well received last year, will return to give the lectures on Venereal Disease. The Surgeon General has not stated definitely whether Dr. Cutler or someone else will be assigned.

T. Z. Cason.

MEDICAL LICENSES GRANTED

Dr. H. D. Van Schaick, Secretary of the State Board of Medical Examiners, has reported that of the 163 applicants who took the examination of the Board, held November 26-27, in Jacksonville, 153 passed and have been issued licenses to practice medicine in Florida. The names and addresses of the 153 successful applicants follow:

Abberger, Benjamin L., Jr., Orlando (Tulane 1946)
Abbey, Edward Augustine, Latrobe, Pa. (Georgetown 1930)
Agnew, Harold Samuel, Emsworth, Pa. (Pittsburgh 1932)
Ahn, Alban Alva, Circleville, Ohio (Ohio State 1926)
Ajac, John Clarence, Shamokin, Pa. (Georgetown 1930)
Alexander, Lucian LeBron, Chattanooga, Tenn (Tennessee 1945)
Alrich, Elton Meredith, Fredericksburg, Va. (Virginia 1938)
Alspach, Bruce Walter, Buffalo, N. Y., (Tulane 1946)
Anstine, Dale T., East Prospect, Pa. (Jefferson 1942)
Antell, Gunnard J., Negaunge, Mich. (Michigan 1943)
Appleyard, Arthur, Jr., Johnstown, Pa. (Tulane 1943)
Barney, Burton Frederick, Cleveland, Ohio (Michigan 1931)
Bashline, Don LeRoy, Grove City, Pa. (Temple 1943)
Baxt, Herman, New York, N. Y. (Homeopathic (N. Y.) 1930)
Benton, Fredericka Berger, Pittsburgh, Pa. (Johns Hopkins 1945)
Boettner, Julius Frederick, Everett, Wash. (Minnesota 1941)
Bohrer, Charles Arnold, West Plains, Mo. (George Washington 1946)
Bradley, John David, Shawnee, Okla. (Georgia 1936)
Brady, Louis Parkhurst, Jacksonville, Fla. (Emory 1946)
Brammer, Fred Emerson, Lawrence County, Ohio (University of Cincinnati 1921)
Branning, William Sterry, Miami (Yale 1939)
Brooks, Clyde, Paris, Mo. (Rush 1913)
Brown, James Brooks, Hurtsboro, Ala. (Tulane 1945)
Brown, Jesse Bryan, Jr., Garfield, Ga. (Georgia 1943)
Bryson, Eugene Hampton, Augusta, Ga. (Georgia 1943)
Buchbinder, Murray W., Poland (Tulane 1929)
Buck, Gray Carroll, Jr., Athens, Ala. (Columbia 1945)
Burek, Aloysius William, Wausau, Wisc. (Wisconsin 1937)
Burry, Robert Oberlin, Highland Park, Mich. (Western Reserve 1942)
Campbell, Joseph Robert, Winnipeg, Manitoba, Canada (Manitoba 1937)
Canipelli, Joseph, Macon, Ga. (Emory 1941)
Clower, Virginia Lawson, Atlanta, Ga. (Tulane 1944)
Culver, James Fox, Macon, Ga. (Georgia 1945)
Deatsch, Joseph Henry, Phoenix, Arizona (Pennsylvania 1943)
Deen, Oliver Francis, Jr., Douglas, Ga. (Georgia 1944)
Dees, Theodore Allen, Jr., Lake Charles, La. (Louisiana State 1942)
DeWoody, Gerald McDowell, Balliot, Pa. (Michigan 1930)
Erwin, Charles Roswell, Winter Haven (Northwestern 1945)
Esplin, Bruce M., Chicago, Ill. (Cornell 1942)
Evans, Willis Fiske, Richmond, Va. (Medical Coll. Va. 1933)
Faletti, Anthony John, Spring Valley, Ill. (Illinois 1929)
Farrington, Robert Francis, Astoria, L. I.,N. Y. (Harvard 1940)
Fechtel, Albert Thomas, Waycross, Ga. (Tulane 1946)
Ferguson, Robert White, DeSota, Ga. (Tulane 1943)
Fitzpatrick, Raymond John, New York, N. Y. (Columbia 1943)
Fokes, Robert Engram, Jr., Montezuma, Ga. (Georgia 1943)
Fresh, Chester Sebastian, New Orleans, La. (Louisiana State 1936)
Friesen, Arnold Raymond, Henderson Nebraska (Nebraska 1944)
Garten, Leonard, Augusta, Ga. (Georgia 1941)
Garvin, William Herbert, Jr., Atlanta, Ga. (Emory 1944)
Gaventa, William Carter, Atlanta, Ga. (Jefferson 1945)
Genest, Aloria Henry, Indian Orchard, Mass. (Tufts 1920)
Gertman, Samuel, New York, N. Y. (Maryland 1938)
Ginsberg, Harry, San Francisco (Long Island 1926)
Gist, William Thomas, Sparta, Tenn. (Tennessee 1945)
Glueckauf, Lewis Gustave, Captain, M. C.* Chicago, Ill. (Chicago Medical 1936)
Gouaux, James Luger, Houma, La. (Tulane 1932)
Grossman, Leo, New York City, N. Y. (New York Flower 1936)
Gundersen, George Oliver, Eureka, Calif. (Iowa 1924)
Halden, Harry Edward, III, Clearfield, Pa. (Emory 1945)
Halpern, Jesse Oscar, Newark, N. J. (Michigan 1936)
Halpern, Morton Morris, Philadelphia, Pa. (Pennsylvania 1941)
Harmer, Albanus Armstrong, III, Ardmore, Pa. (Med. Evangelists 1945)
Harsha, William Thomas, Decatur, Ill. (Northwestern 1908)
Hartman, David, New York City, N. Y. (N. Y. Homeopathic 1929)
Hatchett, William Clifton, Elkmont, Ala. (Memphis Med. Coll. 1912)
Hayward, Joseph Clausen, Richmond, Va. (Medical Evangelists, 1936)
Hediger, Ella Maria, Bienne, Switzerland (Bellevue 1923)
Henderson, Alfred Faxon, Lyons, Mich (Duke 1937)
Henley, Paul Guesner, Prescott, Ark. (Arkansas 1944)
Hubbard, Roger Everett, Boston, Mass. (Tufts 1924)
Hughes, John Ames, Newport News, Va. (George Washington 1943)
Humas, Karl Treat, Union City, Pa. (Tulane 1946)
Hutchins, Paul Francis, Gadsden. Ala. (Emory 1940)
Hyde, Leroy, Brooklyn, N. Y. (Cornell 1939)
Johnson, Eldridge Walton, Bridgeton, N. J. (Hahneman 1935)
Johnson, William Steele, Jersey City, N. J. (Virginia 1943)
Johnston, Walter Bailey, Mineral Point, Wis. (Western Reserve 1931)
Jones, James Frederick, Youngstown, Ohio (Harvard 1935)
Keeley, Joseph Francis, Jr., Bridgeport, Conn. (Maryland 1942)
Keller, Julian Jacob, Ensley, Ala. (Tulane 1931)
Kirsch, Ralph Emile, Birmingham, Ala. (University of Chicago 1939)
Kowalski, Martha Gray Wilson, Gastonia, N. C. (Michigan 1944)
Kurtz, Leonard David, New York, N. Y. (Albany 1944)
Kutscher, Charles Fawcett, Braddock, Pa. (Pittsburgh 1927)
Lampley, William Askew, Greenville, S. C. (Maryland 1944)
Leavitt, Philip, Woodridge, N. Y. (Long Island 1928)
Lemberg, Louis, Chicago, Ill. (Illinois 1941)
Levin, Bert G., St. James, Minn. (Minnesota 1924)
Lonngren, Dudley Harold, Brooklyn, N. Y. (Long Island 1945)

Love, Cecil Elmer, Copperhill, Tenn. (Tennessee 1940)
Lubrano, Daniel, Jr., Key West (Tulane 1944)
McCarley, Lynn David, Jr., Auburn, Ky. (Louisville 1940)
McClure, John Niel, Jr., Jonesville, Va. (Duke 1945)
McDevitt, Charles Howard, Jr., Philadelphia, Pa. (Temple 1933)
McGovern, William Joseph, Carnegie, Pa. (Maryland 1932)
McGowan, Thomas Raymond, Holly Springs, Miss. (Emory 1943)
McKinney, Worthy William, Henryetta, Okla. (Geo. Washington 1946)
McMillen, Jesse Campbell, Fort Valley, Ga. (Georgia 1946)
MacNeill, Arthur Edson, Waltham, Mass. (Harvard 1937)
Malone, John McMillan, Carbon Hill, Ala. (Emory 1944)
Markley, Joseph Alexander, Altoona, Pa. (Virginia 1931)
Marx, Isidore, Brooklyn, N. Y. (Long Island 1931)
Miller, James Hugh, Jr., Thurmond, W. Va., (Temple 1941)
Montgomery, John Lee, Concord, Tenn. (Tennessee 1930)
Moore, Lewis William, Atlanta, Ga. (Georgia 1946)
Mullins, Jonas Frederic, Lampasos, Texas (Texas 1946)
Myers, Edgar Hinnant, Chipley, Fla. (South Carolina 1943)
Newman, Melvin, Brockton, Mass. (Boston U. 1943)
Neuwirth, Abraham Alexander, Rzezow, Poland (Bellevue 1930)
Nixon, Samuel Paul, Livonia, New York (Rochester 1940)
Nock, Wesley Stephan, Chicago, Ill. (Loyola 1938)
Palmer, George Saxon, Tallahassee, Fla. (Johns Hopkins 1941)
Patrick, David Roy, Bellevue, Pa. (Pittsburgh 1937)
Pearlman, Saul Joseph, Brooklyn, N. Y. (Fordham 1919)
Pipes, Ralph Lawrence, New Limerick, Maine (Pennsylvania 1943)
Pratt, Fred John, Minneaolis, Minn. (Arkansas 1944)
Rhea, Edward Bullock, Momfortsville, Ky. (Vanderbilt 1929)
Rimer, Harry Benjamin, Philadelphia, Pa. (Emory 1946)
Roesch, Charles Burling, Brooklyn, N. Y. (Cornell 1937)
Roland, Paul Seymour, New York City, N. Y. (Columbia 1926)
Roth, Robert Russell, Chicago, Ill. (Illinois 1941)
Sayet, Maxwell Martin, Brooklyn, N. Y. (Bellevue 1934)
Schirmer, Adelbert Ferdinand, Boston, Mass. (Tufts 1939)
Schmitt, George Frederick, Baltimore, Md. (Maryland 1935)
Schubert, Clarence Karl, Madison, Wisconsin (Rush 1924)
Sewell, James Anderson, College Park, Ga. (Maryland 1946)
Shekter, Abraham Joseph, Nikalaive, Russia (Bellevue 1916)
Shepard, Vitol Samuel, Newark, N. J. (Hahneman 1943)
Shuman, Warren Gilbert, Blythe, Georgia (Georgia 1946)
Simpson, Willie Gordon, Chattanooga, Tenn. (Emory 1944)
Stage, John Taylor, Marietta, Ohio (Ohio 1941)
Steel, Howard Haldeman, Philadelphia, Pa. (Temple University 1945)
Stevens, George Ernest, Norwich, Conn. (Albany Medical 1928)
Suter, Max, Horgen, Switzerland (Tulane 1938)
Tanner, James Carlton, Jr., Carl, Ga. (Georgia 1946)
Tanous, John Harrington, New York City, N. Y. (Hahemann 1913)
Teasdale, Laurie Redmond, Dartmouth, Nova Scotia, Canada (Dalhousie 1936)
Throne, Binford, Nashville, Tenn. (Nashville, 1899)
Unger, Paul Norman, New York City, N. Y. (New York 1939)
VanNest, Wilard Arnold, Dundee, Michigan (Loyola University 1936)
Wadsworth, George Henry, Covington, Ky. (Cincinnati 1936)
Wallace, Stanley Krzywicki, Larksville, Pa. (Jefferson 1942)
Watson, Richard Patten, Cedartown, Ga. (Georgia 1946)
Weintraub, I. Irving, Valatie, New York (Western Ontario 1940)
Wiener, Morris Fred, Brooklyn, N. Y. (Bellevue 1929)
Whitehurst, Clinton Howard, Norfolk, Virginia (Virginia 1930)
Winchester, Walter Henry, Bismarck, N. Dak. (Columbia 1944)
Wood, Willard Leo, Zionsville, Ind. (Rush 1930)
Wolff, Robert Miller, Hanover, Pa. (Pennsylvania 1929)
Wool, Leo Samuel, New York, N. Y. (New York University 1941)
Wright, Jack Leatherman, Daytona Beach, Fla. (Northwestern 1943)
Yount, Harold Alexander, Statesville, N. C. (Bowman Gray 1946)

* Residency, Cook County Hospital, Chicago, Illinois, July 1, 1936 to January 1, 1938

DEATHS

MEMBERS

Dr. William E. Quicksall, St. Petersburg—Jan. 13, 1947.
Dr. William Ewing Sinclair, Orlando—Dec. 29, 1946.

OTHER DOCTORS

Dr. John W. Wade, Fort Walton—Dec. 19, 1946.
Dr. John Marvin Ingersoll, Miami—Jan. 16, 1947.

WILLIAM EDWARD QUICKSALL

Dr. William E. Quicksall of St. Petersburg died at the Mound Park Hospital in that city on Jan. 13, 1947, after suffering a cerebral hemorrhage four days previously. He was 70 years of age.

In 1898, Dr. Quicksall was graduated from the University of Pennsylvania School of Medicine after achieving considerable prominence as a track star during his undergraduate years, being a member of a mile relay team which held a world record. After graduation, he continued to have an active interest in sports and in 1914 won the national revolver championship. He was also an ardent fisherman.

Confining his practice to otolaryngology, Dr. Quicksall during the early years of his professional career practiced in Philadelphia. From 1908 until 1918 he was an instructor in anatomy at the University of Pennsylvania School of Medicine and from 1915 to 1925 was assistant professor of otolaryngology at that institution. In 1925 he came to St. Petersburg, where he for twenty-two years continued to practice his specialty.

Dr. Quicksall was a member of the Pinellas County Medical Society, the Florida Medical Association, the American Medical Association and the Philadelphia College of Physicians.

Surviving are his widow, Mrs. Florence B. Quicksall, and one son, Dr. J. Braden Quicksall, of St. Petersburg. A sister, Mrs. Horatio Batzell of Philadelphia, also survives.

MICHAEL SMITH

Dr. Michael Smith of West Palm Beach suffered a heart attack on Dec. 5, 1946, and died shortly after being taken to a hospital. He was 39 years of age.

A native of New York City, Dr. Smith was a graduate of the Bellevue Medical School there. He came to West Palm Beach eleven years ago. For some time he served as clinician for the Palm Beach County Tuberculosis and Health Association. Although he did not limit his practice to pulmonary disease, he was known as a specialist in this field and in tribute to his clinical work was awarded a scholarship for the Trudau School for Tuberculosis at Saranac Lake, N. Y., by the National Tuberculosis Association.

With the rank of major, Dr. Smith served thirty-eight months with the United States Army in the Pacific theater of war. He was awarded the Bronze Star Medal for meritorious service during military operations on Okinawa.

Dr. Smith was a member of the Palm Beach County Medical Society, the Florida Medical Association and the American Medical Association.

Surviving are his widow, Mrs. Pauline Cook Smith, and a son, Mitchell Smith, of West Palm Beach; his parents, Mr. and Mrs. Matthew Smith, a brother, Dr. Murray Smith, and a sister, all of Miami Beach.

JAMES HENRY RANDOLPH

On the night of Dec. 25, 1946, Dr. James Henry Randolph of Jacksonville died suddenly at his residence. He was 70 years of age. Funeral services were held in Jacksonville on December 27, and interment took place in Tallahassee on the following day.

A native Floridian, Dr. Randolph was born in Tallahassee on Dec. 4, 1876. His parents were Thomas Hayward Randolph and Julia Croom Randolph, members of prominent pioneer families of distinguished Virginia ancestry who were active in the political and social life of that time.

Dr. Randolph received his early education in Tallahassee, attended West Florida Seminary and later received the degree of Bachelor of Arts from the University of Florida. He studied medicine at Johns Hopkins University School of Medicine in Baltimore, Md., and received the degree of Doctor of Medicine from that institution in June 1904.

Prior to opening offices in Jacksonville in 1910 as a specialist in neuropsychiatry, Dr. Randolph served as assistant and later as physician in charge at the State Hospital at Chattahoochee. During the thirty-six years of his residence in Jacksonville, he was always prominently identified with the medical profession in that city and throughout the state. From its inception he was the head of the Neurological Department of the old St. Vincent's Hospital; he was a member of the staff and at one time was the head of the Department of Neurology of St. Luke's Hospital; and he was also on the staff of Riverside Hospital as consultant in neurology. For the last eighteen years of his life, he operated his own sanatorium.

A veteran of the Spanish-American War, Dr. Randolph gave generously of his time and ability during the two World Wars. For two years during World War II he served as examining psychiatrist at Camp Blanding and later re-examined applicants at Jacksonville.

Dr. Randolph held membership in the Duval County Medical Society, the Florida Medical Association, the Southern Medical Association and the American Psychiatric Association, and was a fellow of the American Medical Association. He was a Mason and a member of Temple Lodge 23 in Jacksonville

Surviving are his widow, Mrs. Elizabeth Hamilton Randolph, and two daughters, Barbara Hope Randolph and Patricia Louise Randolph, all of Jacksonville; two sons by a former marriage, James H. Randolph, Jr., of Jacksonville and Winthrop Randolph of Hattiesburg, Miss.; three grandchildren, Hilda Anthony Randolph and James H. Randolph III of Jacksonville and Evelyn Melinda Randolph of Hattiesburg; and two sisters, Mrs. T. M. Dozier and Mrs. James B. Whitfield of Tallahassee.

CHARLES A. O'QUINN

Dr. Charles A. O'Quinn of Perry died on Dec. 9, 1946, in a hospital at Thomasville, Ga. He was 75 years of age. Funeral services were held in Madison on December 10, with interment in Moultrie, Ga.

Born in Clinch County, Ga., on Sept. 8, 1871, Dr. O'Quinn was educated in his native state. He received the degree of Doctor of Medicine from

the University of Georgia School of Medicine in Augusta in 1901. That same year he came to Florida, locating in Mayo. Later he moved to Perry, where he continued to practice until 1936. Since that time he has been associated with the United States Public Health Service as director of the health departments of Taylor and Madison counties.

Dr. O'Quinn was a member of the Taylor County Medical Society, the Florida Medical Association and the American Medical Association. The fraternal organizations to which he belonged included the Shrine, Woodmen of the World, Columbian Woodman and Knights of Pythias.

In 1903, Dr. O'Quinn was married to Miss Mae Belle McWhite of Moultrie, Ga., who survives him. Other survivors are a son, Charles A. O'Quinn, Jr., of Madison; three daughters, Mrs. Dan K. Lumpkin of Atlanta, Ga., Mrs. Harley Huxford of Perry, and Mrs. Gus B. Creech of Port St. Joe; six grandchildren; two brothers, Seward O'Quinn of Gainesville, and Barney O'Quinn of Perry; and two sisters, Mrs. J. N. Knight of Brunswick, Ga., and Mrs. H. L. Johns of Atlanta, Ga.

RAYMOND SANDERSON

On Dec. 10, 1946, Dr. Raymond Sanderson of Jacksonville died in a local hospital after a brief illness. He was 63 years of age.

Dr. Sanderson was born in Scranton, Pa., on Aug. 20, 1883. He was an honor graduate of Princeton University in 1905 and received the degree of Doctor of Medicine from Johns Hopkins University School of Medicine in 1910. He did postgraduate work in Berlin and Vienna and at the University of Wisconsin.

Early in his career as a practicing physician, he was director of the Ontario, N. Y., Laboratory, director and organizer of the Ulster County, N. Y., Laboratory and director of the Vassar Hospital Laboratory in Poughkeepsie, N. Y. He also served for a time as a volunteer with the Mayo Brothers in Rochester, Minn.

Dr. Sanderson was a veteran of both World Wars. Entering the United States Army as a major in World War I, he was chief of laboratory services at the Base Hospital, Camp Merritt, N. J., and in other camps. After graduation from the United States School of Aviation Medicine at Brooks Field, Tex., he was in July 1930 commissioned as a flightsurgeon with the rank of lieutenant colonel in the United States Army Reserve. He was recalled to active duty as a colonel upon the outbreak of World War II, but was inactivated because of his health. He was one of the organizers of the Jacksonville Reserve Officers Association, which he later served as president. For many years he was an active member of Edward C. DeSaussure Post 9 of the American Legion.

Since 1926 Dr. Sanderson had practiced with distinction in Jacksonville as an eye, ear and nose specialist. He was senior medical examiner for the Civil Aeronautics Administration in the state of Florida. He held membership in the Duval County Medical Society, the Florida Medical Association, the Southern Medical Association and the American Medical Association.

Dr. Sanderson is survived by his widow, Mrs. Katherine W. Sanderson; a daughter, Mrs. Dodd Pace of Orlando; a son, Raymond Sanderson, Jr., of Jacksonville; two sisters, Mrs. Grace Fuller of Scranton and Mrs. Chester Wann of Bradford, Pa.; and two grandchildren, Mary Ann and John Sanderson Pace of Orlando.

JAMES HENRY HARTMAN

Dr. James Henry Hartman of Jacksonville died on Dec. 26, 1946, at the age of 66. Funeral services were held on December 28 from St. Paul's Catholic Church, of which he was a member.

Born in Baltimore, Md., on July 3, 1880, Dr. Hartman was educated in that city. He received the degree of Bachelor of Arts from Loyola University, and in 1904 the degree of Doctor of Medicine from the Baltimore College of Physicians and Surgeons.

Dr. Hartman began the practice of medicine in Jacksonville in 1908. From 1925 until he was forced into retirement several years ago because of ill health, he confined his practice to gynecology and abdominal surgery. He was a member of the Duval County Medical Society, the Florida Medical Association, the American Medical Association, the Southern Medical Association and the Southeastern Surgical Congress.

His widow, Mrs. Helen N. Hartman, and one son, James H. Hartman, Jr., survive him. Other survivors include a brother and several nieces and nephews in Baltimore.

THE APRIL JOURNAL

WILL CONTAIN THE PROGRAM

OF THE NEXT ANNUAL

CONVENTION

MIAMI APRIL 20-23, 1947

BOOKS RECEIVED

Acknowledgment of books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review as expedient.

DIABETES. BY HENRY J. JOHN, M.D., F.A.C.P. (U.S.A.) Pp. 300. ST. LOUIS: C. V. MOSBY COMPANY, 1946.

Although this book is not a monumental work on diabetes, it is up-to-date; it is clear, concise and easily understood by the general practitioner.

Everything, from the most elementary rules for the diagnosis of diabetes to interpretation of blood sugar figures, glucose tolerance, treatment and diets is well covered. Two excellent chapters are particularly interesting; one is entitled "Surgery and Diabetes" and the other "Diabetes in Pregnancy." The author writes a practical and timely paper on the subject of "Do's and Don'ts" on the treatment of the disease.

Although not recommended to those who seek profound knowledge on the problem of diabetes, this book is recommended both to the endocrinologist who desires a quick review and to the physician in general practice who is interested in this disease and wishes an up-to-date survey of the subject.

COMPONENT COUNTY SOCIETIES

ALACHUA

The new officers of the Alachua County Medical Society, elected at the January meeting, are Dr. John H. Thomas, President; Dr. J. Maxey Dell, Jr., President Elect; Dr. Frank M. Hall, Vice President; and Dr. Stuart D. Scott, Secretary. Representing the society in the House of Delegates is Dr. Edwin H. Andrews, and the alternate delegate is Dr. Walter E. Murphree.

BREVARD

At the regular meeting of the Brevard County Medical Society on January 14, the officers elected for 1947 were: President, Dr. Gerard E. Christie of Titusville; Vice President, Dr. W. J. Creel of Eau Gallie; and Secretary-Treasurer, Dr. I. Kimbell Hicks of Melbourne. Dr. T. C. Kenaston of Cocoa was chosen to represent the society in the House of Delegates, and Dr. Isaac M. Hay of Melbourne was selected as the alternate delegate.

BROWARD

At the December meeting of the Broward County Medical Society, officers for 1947 were elected. They are as follows: Dr. Curtis H. Sory, President; Dr. Milton N. Camp, President Elect; Dr. Paul G. Shell, Vice President; Dr. Rudolph W. Heath, Secretary; and Dr. Rupert H. Stovall, Treasurer. Representatives in the House of Delegates are Drs. Robert L. Elliston, Richard A. Mills and Henry J. Peavy; alternate delegates are Drs. Oliver C. Brown, Elliott M. Hendricks and Leigh F. Robinson. The chairman of the legislative committee is Dr. Russell B. Carson.

COLUMBIA

At the meeting of the Columbia County Medical Society on Jan. 17, 1947, last year's officers were reelected. Now serving for the ensuing year are: Dr. James F. Pitman, President; Dr. O. F. Green, Vice President; and Dr. Thomas H. Bates, Secretary-Treasurer.

DADE

The new officers of the Dade County Medical Association for the current year are: Dr. Warren W. Quillian, President; Dr. Robert T. Spicer, President Elect; Dr. John D. Milton, Vice President; Dr. Jack Q. Cleveland, Secretary; and Dr. Ralph Sappenfield, Treasurer.

President Quillian appointed Dr. Frank W. Hewlett as chairman on local arrangements for the annual meeting of the State Association, April 20-23. Dr. Hewlett has appointed a number of committees on various activities to assist the State Association's officers in completing arrangements.



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The principal committee in which the local association is interested is the Smoker, Monday night, April 21. The Smoker Committee takes over full responsibility in connection with this event. A special committee from the State Association will plan the Association Dinner for Tuesday night, April 22. A complete list of all committees and the activities they have planned will appear in the Convention Number of the Journal and in the printed program.

A resolution was passed by the Executive Committee of the Dade County Medical Association at the January meeting which approved wholeheartedly the establishment of a state medical, dental and pharmaceutic school in Southeastern Florida.

The new meeting place for the local society is in the Miami Woman's Club, where the facilities will be adequate.

DESOTO - HARDEE - HIGHLANDS - CHARLOTTE GLADES

Officers recently elected by the DeSoto-Hardee-Highlands-Charlotte-Glades County Medical Society to serve during 1947 are: President, Dr. Miles A. Collier of Wauchula; Vice President, Dr. W. S. Pyatt of Bowling Green; and Secretary-Treasurer, M. C. Kayton of Wauchula. Representatives of the society in the House of Delegates are Drs. Collier and Pyatt; alternate delegates are Drs. Kayton and Howard V. Weems of Sebring.

DUVAL

A special feature of the January number of The Bulletin of the Duval County Medical Society is a roster of the members of the society as of December 1946. The list was published in response to many requests and was placed in the center section so that it could be easily removed for reference.

Editorially, the "valedictory" remarks of the retiring president, Dr. E. L. Fort, are reported. As he relinquished his office at the December meeting, Dr. Fort praised the great improvement in professional ethics manifested within the society and the profession as a whole during the last two decades and urged the younger men not only to maintain the present higher plane of operation but to continue to improve it. He branded the trend toward cliques as a step in the wrong direction and warned against permitting them to develop within the society.

JACKSON

The new officers of the Jackson County Medical Society, elected at the January meeting, are Dr. Francis M. Watson, President; Dr. Courtland D. Whitaker, Vice Presient; and Dr. C. A. Adams, Jr., Secretary-Treasurer.

LAKE

The officers recently elected by the Lake County Medical Society to serve during 1947 are: President, Dr. John F. McGuire of Clermont; Vice President, Dr. Howard G. Holland of Leesburg; and Secretary, Dr. Matthew Arnow of Eustis.

MANATEE

The new officers of the Manatee County Medical Society, elected at the January meeting, are Dr. Lowrie W. Blake, President; Dr. Roderic O. Jones, Vice President; and Dr. Millard P. Quillian, Secretary-Treasurer.

NASSAU

At the January meeting of the Nassau County Medical Society, held on the sixteenth, the officers who held office last year were elected to serve again this year. They are Dr. David G. Humphreys, President, and Dr. John W. McClane, Secretary-Treasurer. Dr. George A. Dame is the representative of the society in the House of Delegates, and Dr. Carl O. Lungerhausen is the alternate delegate.

PASCO-HERNANDO-CITRUS

The regular monthly meeting of the Pasco-Hernando-Citrus County Medical Society was held as a ladies' night banquet at Magnolia Lodge in Crystal River on Jan. 9, 1947. A full course dinner was enjoyed by all. Those present were Dr. and Mrs. W. B. Moon, Dr. and Mrs. W. G. Mason, Dr. and Mrs. G. R. Creekmore, Dr. and Mrs. S. C. Harvard, Dr. and Mrs. W. H. Walters, Jr., Dr. and Mrs. D. G. Bradshaw, and Dr. and Mrs. W. W. Jones.

As a token of appreciation for the many years of faithful secretarial service rendered to the society, Dr. Creekmore, the retiring secretary, was presented with a Boston bag. Dr. Creekmore is

ETHICS



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Dr. and Mrs. Jere W. Kirkpatrick were unable to be present because of a recent automobile accident, confining them to the hospital. Dr. Kirkpatrick received fractures about the knee.

During the evening several interesting clinical cases were presented.

TAYLOR

The officers elected by the Taylor County Medical Society for 1947 are: Dr. Ralph J. Greene, President; Dr. George H. Warren, Vice President; and Dr. Walter J. Baker, Secretary-Treasurer. Dr. Baker was chosen to represent the society in the House of Delegates, and Dr. Greene was made the alternate delegate.

This society has paid 100 per cent of its dues for 1947.

VOLUSIA

Club One-O-One in Daytona Beach was the scene of Ladies' Night, held on January 14 by the Volusia County Medical Society. Twenty-eight members and twenty-six wives were in attendance.

WALTON-OKALOOSA

At the January meeting of the Walton-Okaloosa County Medical Society the following officers for the year 1947 were elected: President, Dr. Arthur G. Williams of Lakewood; Vice President, Dr. Alan A. Ensor of Crestview; and Secretary-Treasurer, Dr. Ralph B. Spires of DeFuniak Springs.

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Mrs. L. E. Parmley, 2nd Vice President.*Winter Haven*
Mrs. C. D. Rollins, Secy.-Treas.....*Jacksonville*
Mrs. F. S. Gachet, Recording Secy.....*Lakeland*
Mrs. C. A. Peterson, Historian.....*Ft. Lauderdale*
Mrs. W. C. Williams Parliamentarian..*West Palm Bch*

COMMITTEE CHAIRMEN

Mrs. J. E. Maines, Public Relations.....*Gainesville*
Mrs. W. L. Tillis, Finance.....*Lakeland*
Mrs. Arthur Walters, Legislation.....*Miami Beach*
Mrs. Gordon H. Ira, Student Loan.....*Jacksonville*
Mrs. W. J. Barge, Archives.....*Miami*
Mrs. P. J. Manson, Exhibit,.....*Miami*
Mrs. Gaylord Lewis, Bulletin.....*West Palm Bch.*
Mrs. I. H. Owens, Hygeia.....*Jacksonville*
Mrs. F. W. Krueger, Advertising.....*Jacksonville*
Mrs. L. M. Jenkins, Program.....*Miami*
Mrs. L. E. Parmley, Organization.....*Winter Haven*
Mrs. Kenneth Montgomery, War Service.*W. Palm Bch.*

DISTRICT CHAIRMEN

Mrs. Leigh F. Robinson, Gen. Chairman.*Ft. Lauderdale*
Mrs. T. A. Snow, District "A".....*Gainesville*
Mrs. C. F. Henley District "B".....*Jacksonville*
Mrs. H. G. Palmer, District "C".....*St. Petersburg*
Mrs. Richard Mills, District "D".....*Ft. Lauderdale*

THE APRIL JOURNAL
WILL CONTAIN THE PROGRAM
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CONVENTION

MIAMI APRIL 20-23, 1947

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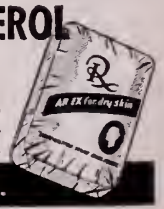
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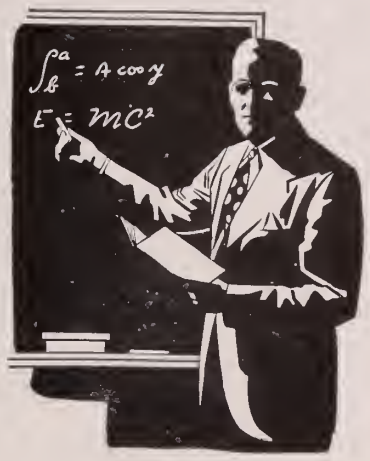
SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, April 21-23, 1947
Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
hwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	
heast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	
hwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	
heast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	
Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
cience Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 31, 1947
Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
al Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
al Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
rial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, April 21, 1947
l Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	
l Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
l Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert A. White, St. Augustine.	Jacksonville, June 19,1947
Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
l. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
gical Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
ic Society	Councill C. Rudolph, St. Petersburg	Robert Blessing, Ft. Lauderdale	Miami, 1947
aceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, May 13-15,1947
Health Association	Frank M. Gray, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
gical Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
ulosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
pital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss., Apr. 10-12, 1947
ern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Louisville, Ky., Mar. 10-12, 1947

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	Amsie H. Lisenby, M.D. Box 961 Panama City	Martle F. Parker, M.D. Panama City		10	1	
A	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	53	5	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
A	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	2nd Tuesday 7:30 P.M.	15	3	
A	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	7	1	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M.D. Vernon		5	1	
B	Columbia *Baker, Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	17	10	A-2-47 G. Wilmot Brown, M.D. Tallahassee
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 8:00 P.M.	38	5	
B	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thorpe, M.D. Madison		7		
B	Taylor *Dixie, Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	161
B	Alachua *Bradford, Gilchrist, Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	28	4	B-3-48 Vernon A. Lockwood M.D. St. Augustine
B	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	210	26	
B	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	29	21	
B	Nassau	D. G. Humphreys, M.D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	2	
B	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Jos. A. Shelley, M.D. 216 N. 3rd St. Palatka	2nd Tuesday 6:00 P. M.	10		
B	St. Johns	G. W. Potter, M.D. 68 Valencia St. St. Augustine	S. R. Cafaro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	13	4	
C	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	13	6	B-4-47 C. McK. Tyre, M.D. Eustis
C	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	18	1	
C	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	J. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	118	16	
C	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D Box 158 Sanford	2nd Tuesday 5:30 P.M.	13	2	
C	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 2581½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	51	7	511
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	137	13	C-5-47 W. Wardlaw Jones, M.D. Dade City
C	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	15	1	
C	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	9	
C	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petershurg 4	1st and 3rd Thursdays 6:30 P.M.	134	116	
C	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrell Apts. Sarasota	2nd Tuesday 8:30 P.M.	23	3	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula		20	100%	
C	Lee *Collier, Hendry	A. L. Girardin, M.D. 212 Richards Bldg. Fort Myers	C. G. Merrick, M.D. 26 Leon Bldg. Fort Myers	3rd Tuesday 7:30 P.M.	19	1	C-6-48 James R. Boulware, M.D. Lakeland
C	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	72	4	433
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P. M.	85	3	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	W. F. Davey, M.D. Box 475 Stuart	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17		
D	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. 2421 Boulevard Hollywood	4th Tuesday 8:00 P.M.	60	5	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	388	136	
D	Monroe	James B. Parramore, M.D 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	7	1	557

*Supervise and aid until organized separately.

Total 1662



Molder of Minds

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIII APRIL, 1947 No. 10

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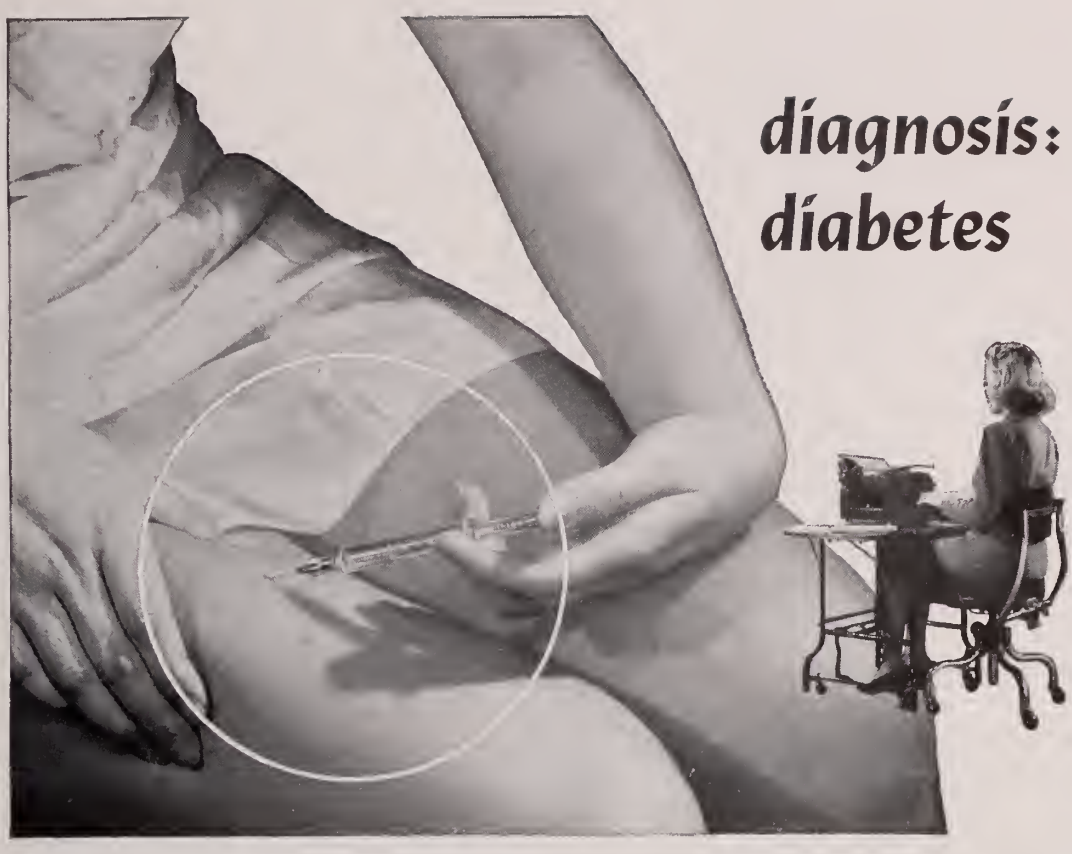
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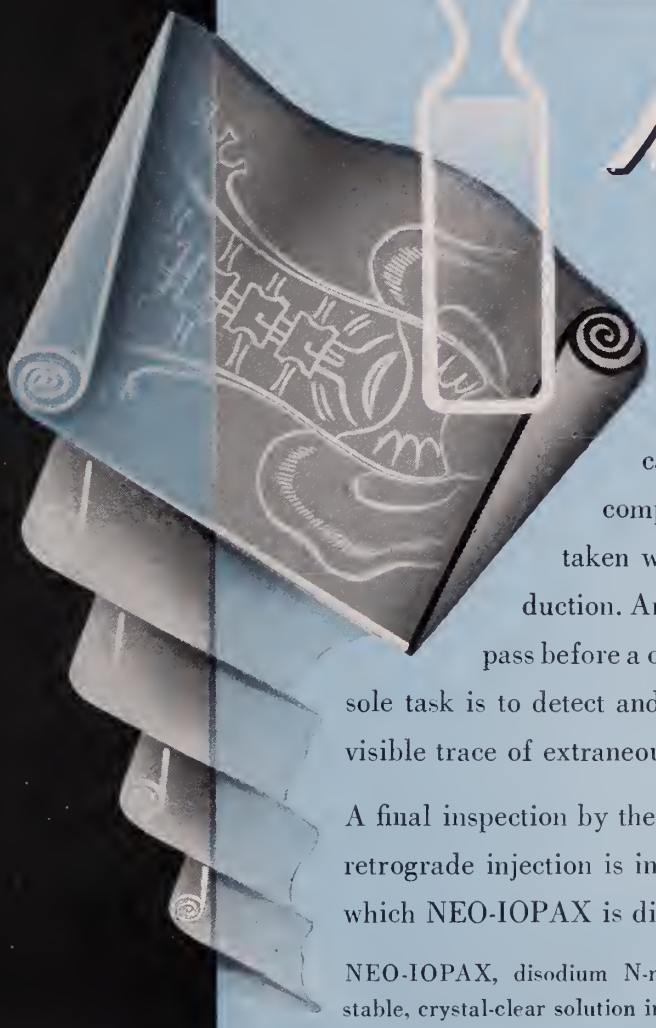
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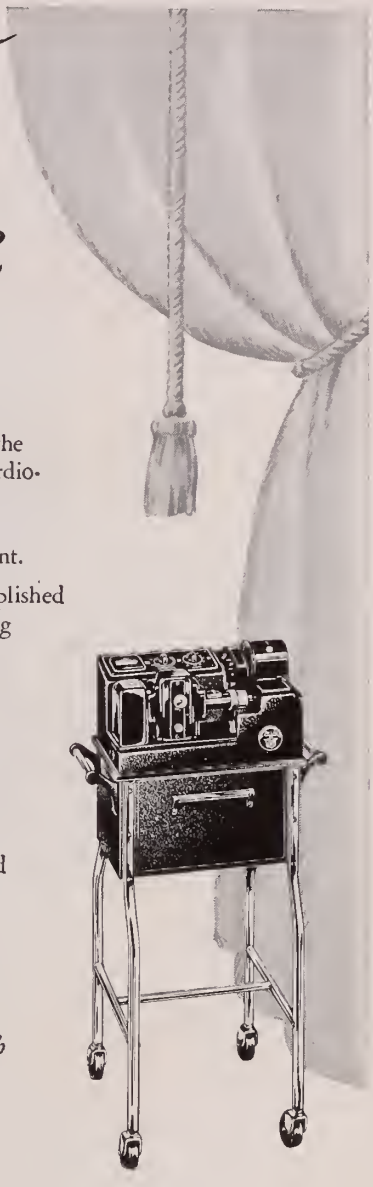
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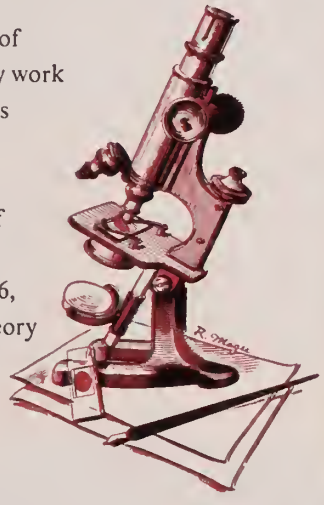
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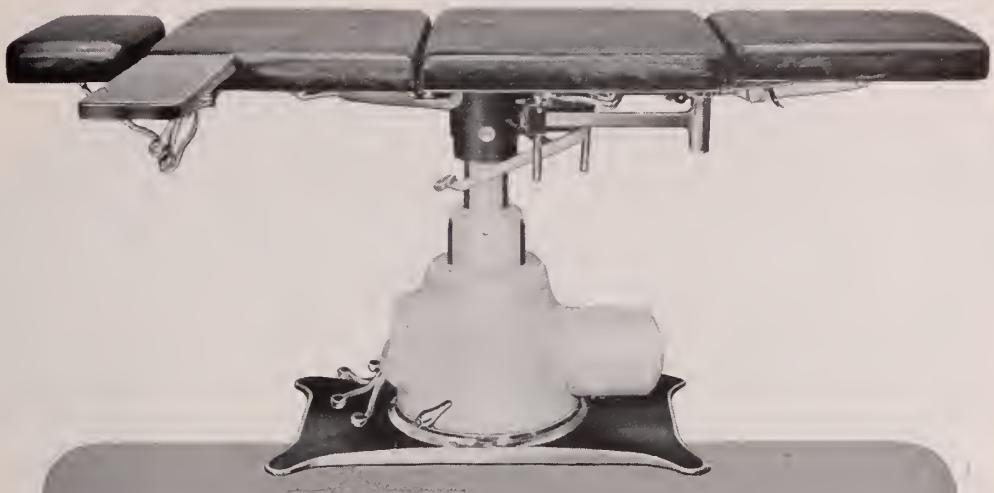
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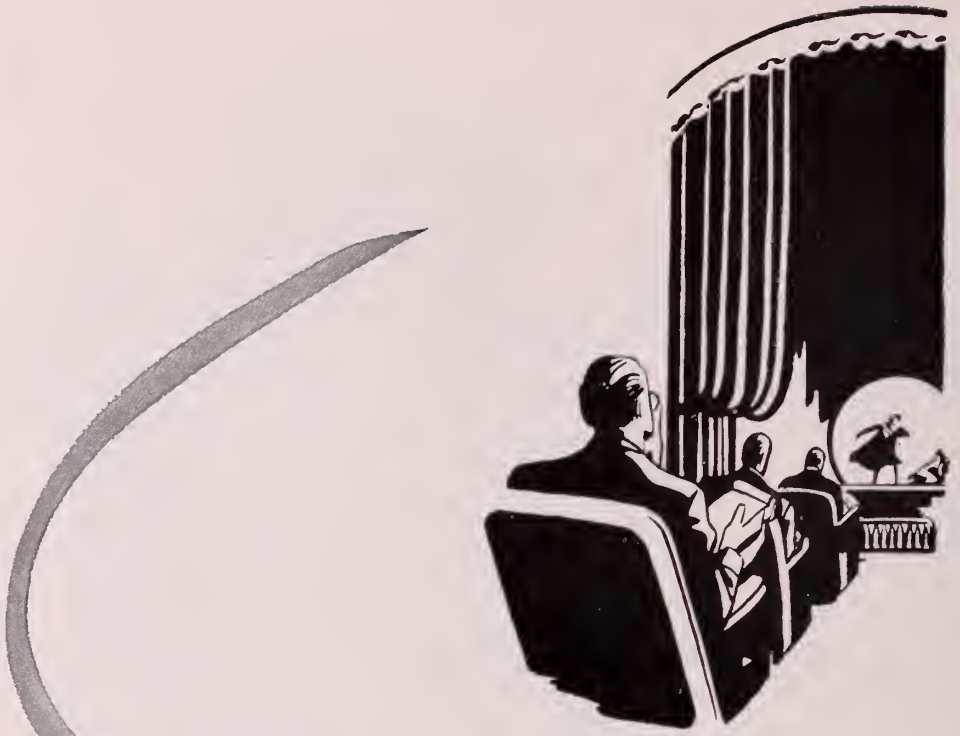
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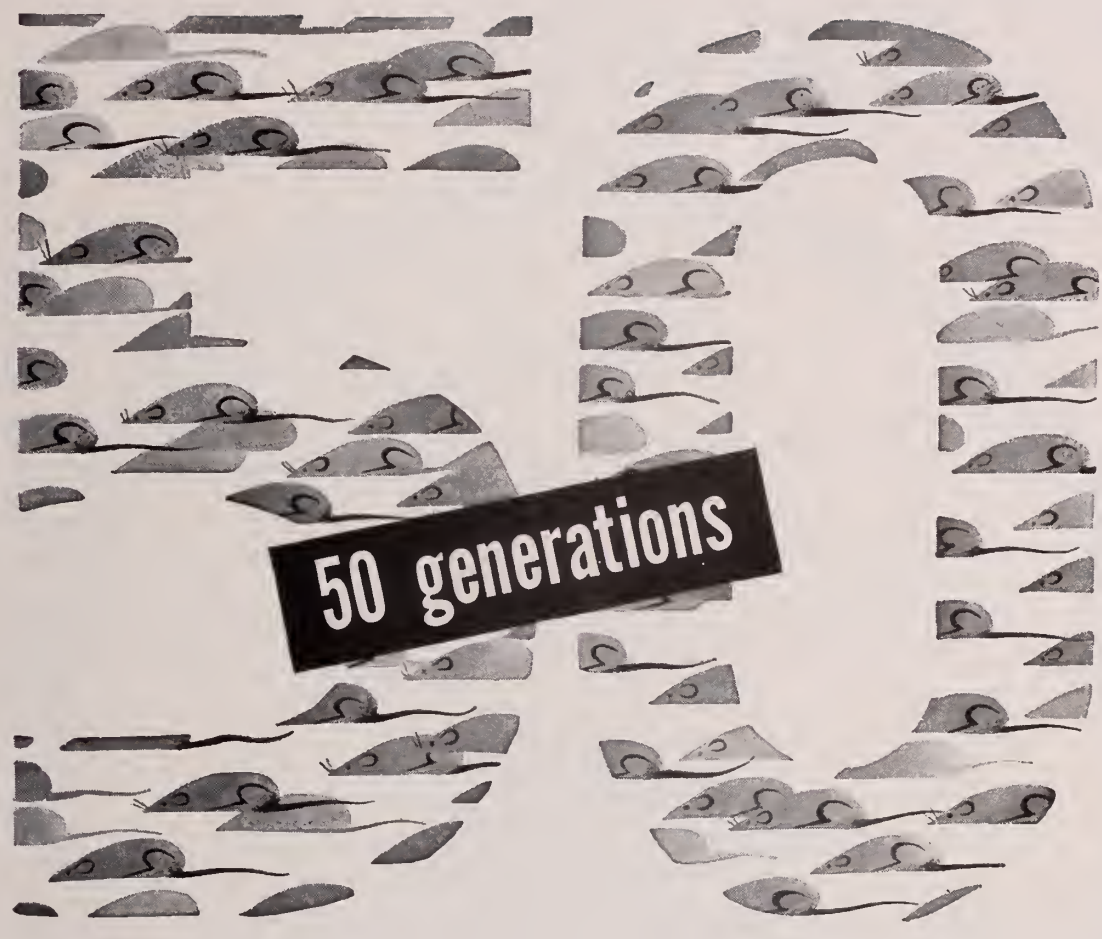


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1. National Research Council Bull. No. 109 (Nov.) 1943, p. 36.
2. Southern M. J. **3**:172 (Feb.) 1946.
3. Statistical Bull. Metropolitan Life Ins. Co. **27**:6 (Dec.) 1946.

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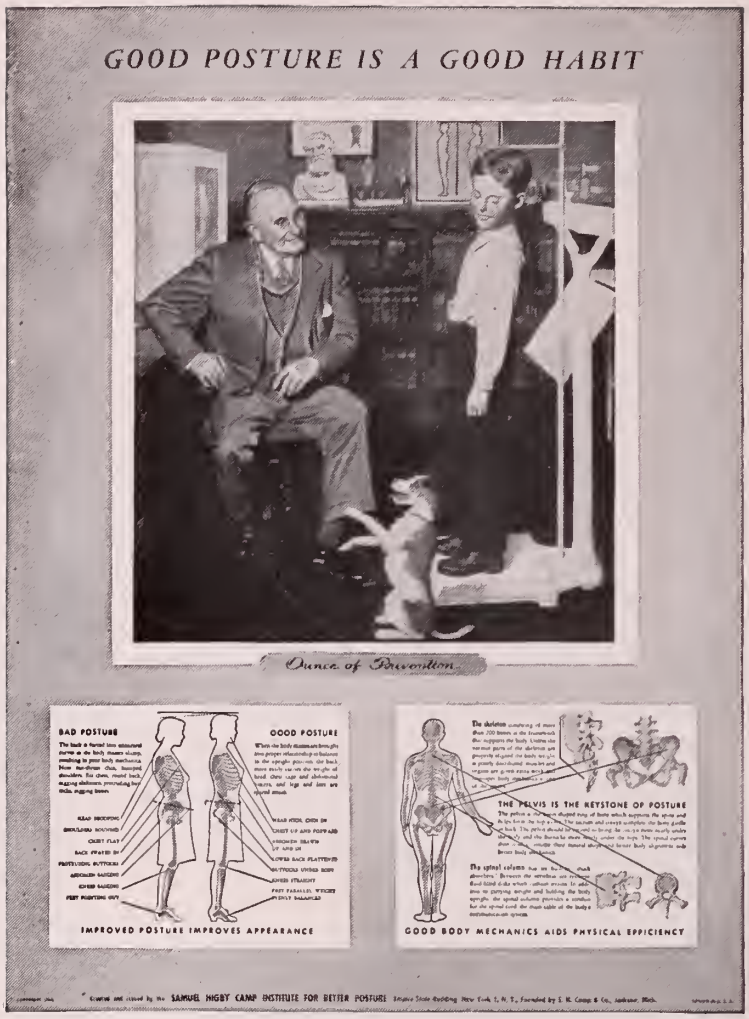
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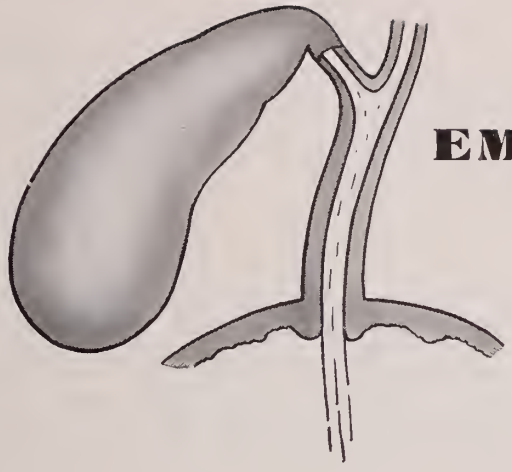
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Pyribenzamine hydrochloride—Ciba's anti-histaminic—has won prompt recognition since its recent introduction. It has proved successful in a high percentage of cases of urticaria, hay fever, asthma; and today is widely prescribed.

Hoekstra, Jr. and Steggerda, F. R. Fed. Proc. 5:48-9, Feb., 1946.
Koepf, G. C., Arbesman, C. E. and Lenzner, A. Fed. Proc. 5:56-7, Feb., 1946.
Craver, B. N., Seip, P., Cameron, A. and Yonkman, F. F. Fed. Proc. 5:172, Feb., 1946.
Mathieson, D., Hays, H. W., Chess, D., Camfron, A. and Yonkman, F. F. Fed. Proc. 5:192-3, Feb., 1946.
Sherrod, T. R., Schloemer, H. F. and Loew, E. R. Fed. Proc. 5:202, Feb., 1946.
Yonkman, F. F., Chess, D., Hays, H. W., Rennick, B. and Mayer, R. L. Fed. Proc. 5:216, Feb., 1946.
Epstein, S. Wisc. Med. J. 45:489-96, May, 1946.
Mayer, R. L. J. Allergy 17:153-65, May, 1946.
Sangster, W., Grossman, M. I. and Ivy, A. C. Gastro. 6:436-8, May, 1946.
Friedlaender, S., Feinberg, S. M. and Feinberg, A. R. Proc. Soc. Exp. Biol. & Med. 62:65-7, May, 1946.
Friedlaender, S. and Feinberg, S. N. J. Allergy 17:129-41, May, 1946.
Baer, R. L. and Sulzberger, M. B. J. Inves. Derm. 7:147-8, June, 1946.
Horton, B. T. and Macy, D., Jr. Med. Clin. N. A. 811-31, July, 1946.
Mayer, R. L., Hays, H. W., Brousseau, D., Mathieson, D., Rennick, B. and Yonkman, F. F. J. Lab. & Clin. Med. 31:749-51, July, 1946.
Friedlaender, S. Am. J. Med. 1:174-9, Aug., 1946.
Yonkman, F. F., Chess, D., Mathieson, D. and Hansen, N. J. Pharm. & Exp. Thera. 87:256-64, July, 1946.
Arbesman, C. E., Koepf, G. F. and Miller, G. E. J. Allergy 17:203-9, July, 1946.
Feinberg, S. M. J. Allergy 17:217-30, July, 1946.
Unger, L. Ann. Allergy 4:299-334, July-Aug., 1946.
Baer, R. L. and Sulzberger, M. B. J. Inves. Derm. 7:201-6, Aug., 1946.
Lesser, M. A. Drug & Cosmetic Ind. 59:334-6 and 422-6, Sept., 1946.
Koepf, G. F., Arbesman, C. E. and Munafo, C. J. Allergy 17:271-4, Sept., 1946.
Arbesman, C. E., Koepf, G. F. and Lenzner, A. R. J. Allergy 17:275-83, Sept., 1946.
Chobot, R. J. Allergy 17:325-6, Sept., 1946.
Epstein, S. Geriatrics 1:369-83, Sept.-Oct . 1946.
Curry, J. J. Med. Clin. N. A., 1138-48, Sept., 1946.
Mayer, R. L., Eisman, P. C. and Aronson, K. J. Bact. 52:257-8, Aug., 1946.
Editorial: Ann Allergy 4:399-400, Nov., 1946.
Queries and Minor Notes: J.A.M.A. 132-183, Sept. 21, 1946.
Feinberg, S. M. J.A.M.A. 132:702-13, Nov. 23, 1946.
Mayer, R. L. and Brousseau, D. Proc. Soc. Exp. Biol. & Med. 63:187-91, Oct., 1946.
Barach, A. L. J. Allergy 17:352-7, Nov., 1946.
Editorial: J. Allergy 17:399-400, Nov., 1946.
Morginson, W. J. J.A.M.A. 132:915-9, Dec. 14, 1946.
Goodhill, V. Laryngoscope 56:687-92, Nov., 1946.
Allen, F. N. Lahey Clin. Bull. 5:52-7, Oct., 1946.
Huttrer, C. P., Djerassi, C., Bears, W. L., Mayer, R. L. and Scholz, C. R.: J.A.C.S. 68:1999-2002, Oct., 1946.
Friedlaender, A. S. and Friedlaender, S. North End Clin. Quart. 7:14-18, Oct., 1946.
Selle, W. A. Texas Rep. Biol. & Med. 4:435-45, Winter, 1946.
Friedlaender, A. S. and Friedlaender, S. J. Lab. & Clin. Med. 31:1350, Dec., 1946.
Tatum, A. L. Wisc. Med. J. 45:1147, Dec., 1946.
Glaser, J. Am. Pract. 1:185-90, Dec., 1946.
Pyribenzamine—(PBZ). Heb. Med. J. 2:151-150, 1946.

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Pyribenzamine now has been formally accepted by the A.M.A. Council on Pharmacy and Chemistry. A report to the Council on anti-histaminic agents was written by S. M. Feinberg, M.D., in the November 23, 1946 issue of the J.A.M.A. Pyribenzamine was found to be highly effective, and produces relatively few side effects.

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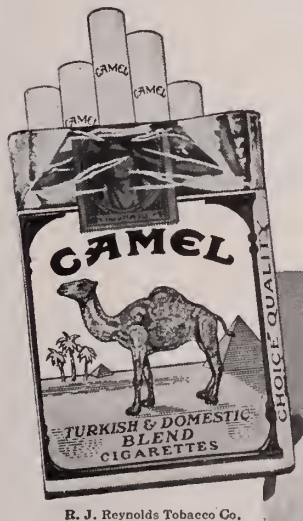
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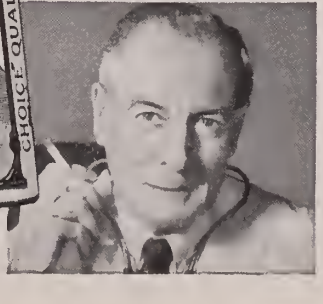
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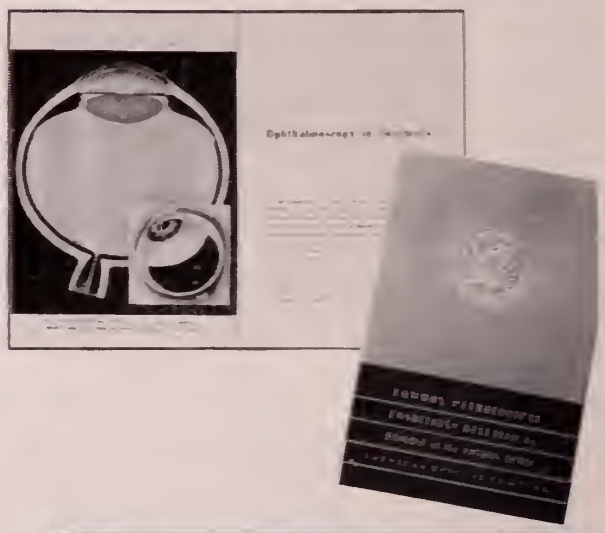
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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

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DISCUSSION OF SOME RELATIONSHIPS BETWEEN ENDOCRINOLOGY AND LEGAL MEDICINE

CARLOS P. LAMAR, M. D.
MIAMI

Endocrinology in its modern phase is such a new science and its development has taken effect at such rapid pace that there are yet many unfilled gaps in the continuity of the coverage of its relationship to the practice of medicine as a whole. In its older or ancient phases, this science has really primitive origins in the belief that man can augment his powers by consuming appropriate portions of his fellow man or of animals. Between the warrior of auld who ate the heart of his enemy and the overworked modern business man who gets an implant of testosterone pellets, there is really only a superficial difference, and that only in technic. They both seek to increase their courage and their vigor by stimulating or replacing their waning source of supply of that mysterious substance they always supposed would give them these powers.[1a,b]

The old warrior thought that source was in his heart. The worldly man of today has read that the secretion of his Leydig cells, testosterone, the male sex hormone, gives him his aggressiveness and his male attributes of character, physical and mental; so he does not pick up a mortal weapon and go into combat to get a "refill" when he thinks he needs one. Instead, he visits his physician, who gives him what he needs in a more accurate, satisfactory and effective way.

As early as the dawn of Christianity diseases of one sort or another were believed to be due to the lack of mysterious substances derived from the body's organs. It followed that the cure lay in the replacement of these substances, and thus opotherapy, the forerunner of modern endocrinologic science, was born.

The real father of modern endocrinology was Brown-Sequard, who on June 1, 1889, reported to the Societe de Biologie de Paris how he had received spectacular beneficial results by self injection of testicular extracts. Whether he was right in his conclusions or the subject of autosuggestive therapy has not yet been definitely decided. His paper awakened tremendous interest, and the mountainous amount of research which started then and still continues has created a new art and science, so extensive already and involving so many factors concerned with life that hardly any subject in medicine can be considered today without mention and study of its endocrinologic relationships.

Most specialities in the practice of medicine have been so influenced by endocrine discoveries that their practitioners must acquire extensive endocrine training or their previous training becomes obsolete. Gynecologic endocrinology, for instance, is today so important that gynecologic surgeons must obtain the newer knowledge or depend upon the advice of an endocrinologic consultant in many of their cases. Disturbances of growth and development so affect the practice of pediatrics that, if they are not properly evaluated in the light of endocrinologic training and experience, many children will be doomed to unhappy lives with distorted physical and mental development which the endocrinologist can and should be able to diagnose and treat in time, that is, before puberty and growth are completed.

The mass of new studies is so vast and so tremendous that no man alive can hope to master it; neither can the conscientious practitioner of the healing arts dispense with it. Thus the opportunities for the well trained endocrinologist to be of service to other practitioners of medicine are growing daily by leaps and bounds. Nor can legal medicine, criminology and legal dentistry escape the impact from this enormous mass of evidence.

In this paper I shall not attempt to bring to this learned assembly of pathologists, criminologists and other medicolegal specialists any new facts, original thoughts or important new knowledge. Instead, I shall review some of the many aspects of endocrine-medicolegal relationships, beginning with a common glandular disturbance, diabetes mellitus.

Diabetes Mellitus

In every diabetic, the possibility of hypoglycemic coma from an overdosage of insulin or other causes makes him a potential victim of legal

Lecture given in Spanish, by invitation, before the First Pan-American Convention of Legal Medicine, Odontology and Criminology, Academy of Sciences, Havana, Cuba, Sept. 4, 1946.

From the Department of Endocrinology and Nutrition, Jackson Memorial Hospital, Miami.

implications. In the Dade County jail in Miami, Fla., during the last several years there have occurred at least two deaths of diabetic persons who had been apprehended while in a condition apparently identical with alcoholic inebriation and who were put in a cell to "sleep it off" without the benefit of a medical examination. These, of course, may not be usual occurrences in every city or country, but the fact that they have happened indicates the need for a strict general enforcement of regulations requiring medical examination of every alcoholic suspect.

Hypoglycemic reactions can simulate alcoholism to a disturbing degree. The lack of cerebral and cerebellar coordination in that state may also be responsible for serious accidents. Practicing physicians should therefore realize their responsibility and instruct their patients in this respect. Those diabetic persons in whom the disease is not well regulated and who are subject to insulin reactions should be warned never to drive a motor car. Some counties in the United States have regulations forbidding the issuance of a driver's license to persons with diabetes.

Disturbances of Sexual Functions

Endocrinology, psychiatry and legal medicine all have an important share in the study of problems related to disturbances of reproductive functions. There is for instance pseudohermaphroditism, usually discovered at about the time of adolescence. About two years ago it was my fortune to see a case in Chicago.

Case 1.—This person, a patient of Dr. Willard O. Thompson, had lived as a girl until the age of 17 years or so when, instead of breasts developing and menstruation beginning, a rather thick beard began growing, and the voice changed to a much lower tone. Endocrinologic studies by Dr. Thompson proved the patient to be a male pseudohermaphrodite. Through adequate plastic surgery the false vagina was closed; the alleged clitoris, liberated, proved to be a penis, and the "labia majora" were turned into a scrotal sac with well developed testicles and wolffian ducts. The legal aspects of this case were also interesting because this boy, legally registered at birth as a female, was not subject to the draft. At the time of the change of sex, however, he immediately had to register and go through necessary legal procedures to establish his legal status in view of his true sex.

Cases of pseudohermaphroditism are not too infrequent. I remember among others an interesting one right here in Havana studied in detail by Drs. Barreras and Barroso from the Havana Municipal Medicolegal Department in the early twenties, which attracted a great deal of newspaper publicity. But occasionally one appears to tax the ingenuity and sometimes the patience of the examiners.

Case 2.—Just last month I was requested by a United States government agency to examine a patient who claimed among other things to be a hermaphrodite, or an "intersexed" person as he put it. He had almost convinced the authorities in his small home town that he really was a female and he wanted, and still wants, the legal authority to dress as a woman. A thorough examination and endocrine survey of this case proved it to be one of psychopathic personality with normal physical male development. The patient was referred for psychiatric control.

The interesting medicolegal aspects of the sexual functions are usually those relating to impotence and sterility in both men and women. Their relationship to nullity of marriage or divorce and to pregnancy and paternity emphasizes their importance.

Impotence in men may be due either to anatomic or physiologic abnormalities of the genital system or of the endocrine glands in that system. Most of these are discussed in generally available publications.[2,3] Another interesting and frequent cause of impotence is of neurogenic origin, and its detection has important legal aspects. Sometimes these conditions may be intermixed in a single person, as in the following case.

Case 3.—Mr. W. T. B., a married man aged 47, whom I first saw in the spring of 1945, had frank hypothryroidism with obesity, myxedema, a basal metabolic rate of -36 per cent and serum cholesterol levels of 0.324 milligrams per hundred cubic centimeters. His main complaint was impotence of thirteen years' duration. Treatment of the hypothyroidism brought on a considerable change in physical appearance; his weight was reduced from 180 to 154 pounds, and he became stronger and better able to sustain hard work, but his impotency remained unaltered. I could find no evidence of hypoleydigism or male sex hormone deficiency, nor any other physical abnormality, but a trial was made with rather large doses of testosterone for several weeks without result.

Several months passed, and he was a man physically well and apparently well adjusted mentally, but still impotent after a year of observation and treatments. Question of divorce had come up as his wife was losing her patience after fourteen years. Then it occurred to me that I had not tried a remedy so simple it had been almost forgotten. I prescribed strychnine and referred him for a more thorough urologic study. The urologist who saw him several days later telephoned me that the patient had just told him that since taking the pills I had given him, he had performed satisfactory coitus several times and that his life was already as contented as he wanted.

This confession of an error of omission serves to emphasize the fact that impotence is a difficult condition to diagnose and to treat adequately if all possible factors are not fully considered in each case. This man would have been divorced by his wife, and both their lives would probably have been ruined, had I not remembered that the neurotropic activity of strychnine might relieve neurogenic impotence by breaking the vicious circle, originally established many years previously, probably through the influence of a forgotten acute infectious disease which had depressed the related spinal nerves to a state of inhibition.

Frigidity and sexual anesthesia in women do

not greatly affect the possibilities of impregnation and seldom come to the attention of the courts of medicolegal authorities. In my opinion, however, they have a tremendous medicolegal significance. In an analysis of over 100 cases of feminine frigidity in my files, more than one half of the patients had either been or were about to be divorced.[1c] In many instances, neither the husband nor the wife had realized that her frigidity was the cause of their incompatibility. By correcting it, I have had in many cases the satisfaction of seeing their married lives returned to happiness and in a few specific instances I have been able literally to take the clients away from the divorce lawyers and to send them back home happy and well adjusted. Hyphedonia or relative frigidity in women usually follows a lack of proper sexual education of both partners in marriage plus a number of extra physiologic factors. Occasionally, a functional imbalance in the hormonal cyclical secretions of the ovary is a factor in it. Mistaken practices of contraception such as coitus interruptus can also bring it on.[4]

Hyphedonia is usually curable with adequate analysis of its mechanism and with sympathetic cooperation and instruction, particularly to the husband. In some cases, the temporary administration of male sex hormone to women so affected induces remarkable increases in their libido.[5]

Anhedonia or complete sexual anesthesia, total absence of sexual desire or the so-called erotic blindness, is fortunately a rare condition despite many erroneous published high estimates. It may be related to severe congenital endocrinopathies.

Another interesting aspect refers to cases of sterility or low fertility in couples desirous of parenthood. The diagnosis of low fertility in man is a tricky one. Counts of 60,000,000 spermatozoa per ejaculation are generally considered as the minimum number for a normal degree of fertility.[6] Nevertheless, there is still disagreement on this point, and uncontestable cases of impregnation have occurred with much lower counts. The diagnosis of necrospermia, made rather too frequently, is really a rarity when the specimens are collected properly and examined under adequate conditions. The only ways sterility can be definitely diagnosed in a man are either through a testicular biopsy proving absence of spermatogenesis, or by demonstration of some obstruction along the wolffian ducts with ejaculations consistently free of sperm.

When all possibilities of normal success are exhausted after conscientious surveys and the absolute infertility of the husband has been proved beyond a doubt, some still want to have children. There are only two solutions open to them: adoption or artificial insemination with a donor's sperm. If adoption is decided upon, the problem is relatively simple as long as careful selection of the child is made and all its genetic factors are correlated to those of the prospective parents. But if the case is one in which the couple's happiness depends upon the wife actually conceiving and delivering the baby, a donor must be obtained, and strict legal steps must be observed.

First of all, the aspermia of the husband must be unquestionable, and the husband and wife must be in excellent physical and mental health. Then both must give written consent to the procedure to absolve the physician from any possibility of a lawsuit. The written consent will also act as a protection for the wife, the donor and the legal status of the child.

The donor must be thoroughly examined and found free of any inheritable disease. His constitution, both physical and mental, should resemble as much as possible that of the husband. His sperm, of course, must be normal. I usually employ interns in hospitals and take all necessary precautions to preserve absolute secrecy and to make it absolutely impossible for either the donor or the couple ever to learn of each other's identity. Otherwise, the possibilities of blackmail or of some other risks would probably be great in some instances. Of course the physician should use his judgment in selecting a donor who would not be of such low morality as to resort to dishonesty. In a recent publication Greenhill[7] presents a generally adopted legal form for both husband and wife to sign and have notarized with the added safeguard of both partners' fingerprints.

Disturbances of Growth

An interesting legal problem is that of age determination in live or dead persons, or even in parts of destroyed bodies. Large volumes could be filled with a discussion of the relation of all the endocrine disorders which may and do affect growth and development and make the task of the legal examiner or of the pathologist an exceedingly difficult one at times. One should remember that growth and sexual maturity are directly controlled and regulated by secretions of at least the pituitary gland, the thyroid gland, the adre-

nals, the gonads and probably, at certain times at least, the pineal body and the thymus.

Disturbed mechanism of these secretions influences growth to such an extent in some instances that no accurate estimate of chronologic age could be made. As the points of ossification appear in the skeleton normally at specific ages, this has been one of the most widely used means for age determination.[8] But in hypothyroidism, ossification is at times so delayed as never to be completed. Roentgen studies of the hand of a cretin aged 28 years may demonstrate development equal or similar to that of the hand of a normal 6 year old child. On the other hand, pituitary basophilism and certain tumors of the gonads with excessive sex hormonal production may stimulate an acceleration of growth and of sexual maturity which will simulate a much further advanced age than the actual.

Without going to the extremes of cretinism or of pituitary or gonadal tumors, in clinical pictures of prepuberal hypogonadism in so-called pseudo-Fröhlich's syndrome, it is frequent to find a delay in the bone age of from three to five years or more in relation to the chronologic age before ossification is completed. In my files are numerous illustrative instances,[1d] and the patients, if involved in medicolegal circumstances, would certainly give trouble in the identification of their real age because only by thorough endocrinologic studies can the diagnosis usually accurately be made.[8]

In true Fröhlich's syndrome, roentgen evidence of the presence of a pituitary tumor with an enlarged and eroded sella turcica would help to determine the diagnosis. This syndrome is a rare condition while prepuberal hypogonadism with delay in ossification and in sexual maturation is much more frequently observed. The original patient described by Fröhlich[9] in 1901 was still alive a few years ago in England. Since there is record of autopsy in only a few true cases of this disease, much still remains obscure regarding the pathogenicity of these syndromes, but, as Cushing[10] observed, the skeletal and sexual infantilism present in these conditions is probably due to inactivation of the acidophil and basophil elements of the anterior hypophysis which provide the hormones of growth and sex.

Whether this inactivation is due to tumorous compression, as in true Fröhlich's syndrome, or to hypophysial hypoplasia as is suspected in cases of so-called pseudo-Fröhlich's syndrome which I prefer to designate as prepuberal hypogonadism, has not yet been definitely established because the majority of the patients with this condition do not die of it, and few of them ever come to an autopsy table. The roentgen picture of the sella in the majority of my cases hardly differs from normal. In many of them roentgen studies show a rather small sella with the clinoids bridging above, suggesting a very small hypophysis, but that is all. The majority of them show no detectable radiologic abnormality related to the hypophysis.

Roentgenograms of the skeleton, on the other hand, are characteristic, showing the osseous development greatly delayed, the genitalia invariably small and the appearance of the secondary sex characteristics, such as growth of hair on the pubis, axilla, face and body, greatly retarded. Frequently there is pseudogynecomastia, not always but often with obesity; and almost invariably there is present a thick fat pannicle of the lower portion of the abdomen with a deep transverse suprapubic fold, even in the absence of an appreciable degree of generalized obesity. Nevertheless, despite the slow sexual development and the ultimate microgenitosomia, enough sexual maturation may develop eventually in many instances in boys and girls with this abnormality to make them capable of reproduction. The syndrome thus not infrequently occurs in families as a dominant characteristic following the well known mendelian laws of heredity.

Cases of dwarfism with accelerated closure of the epiphyses may present themselves to puzzle and mystify the pathologist as the varieties are innumerable, depending upon the several endocrinologic factors involved. In instances of so-called pituitary infantilism with dwarfism, perfectly normal bodily proportions may remain infantile with the epiphysis of the long bones remaining open for a number of years, and a person 20 years of age or more may show the genital development and the skeletal ossification of an 8 year old child. In cases of dwarfism associated with basophilic tumor of the hypophysis, however, the size and proportions of the body and the development of the sex characteristics are absolutely incongruent. The body is small, but the span is shorter than the height, and the lower segment is shorter than half of the total height. The genitalia may be mature at 10 years of age while the points of ossification may show a bone age of 18 years or even older.

Other types of precocious puberty may be as-

sociated with pineal-hypothalamic lesions (usually a pineal tumor with hypothalamic involvement), or with tumors or disturbances of the adrenal cortex and interstitial cell tumors of the testes and the ovaries. Some of these cases are easily identified if the patient is seen alive, and if the clinical history is obtainable, but if the patient is dead, unless the pathologist has these conditions in mind, many legal mistakes could be made.

Imagine, for instance, the case of a medicolegal examiner attempting to determine the probable size of a body of which only a few bones are left after cremation. The well known table of Topinard and Rollet, mentioned by Ewing,[8] gives a formula to determine the length of the body from the length of the humerus, tibia, radius, or other bones. Disturbances of growth due to multiple possible endocrinopathies make this formula valueless in cases in which these syndromes are present.

Thyroid Disorders

The question of legal responsibility in the cases of criminal acts committed by persons affected with thyroid disorders is an important one. A cretin is probably as irresponsible as any psychopath because his cerebral cells have never attained normal differentiation and maturity of function. Too, acts of violence committed by a victim of hyperthyroidism must be carefully weighed against the possible toxic effect of the excess of thyroxine. A person with Graves-Basedow's disease subject to hyperthyroid crises must be protected by proper therapy and control for his own sake and that of others because severe violent crises may occur, similar to those of mental patients.

In this respect there is now hope that medical control of hyperthyroidism may be achieved in the near future with thiouracil, radio-active iodine, or some other new chemotherapeutic agent, but the potential toxicity of some of these substances against the cirrhosis of the liver often associated with toxic hyperthyroidism makes it imperative that caution be exercised in their use. In at least 1 case, which recently came to autopsy at the Jackson Memorial Hospital in Miami, Fla., that of a girl who died in a severe hyperthyroid state after adminstration of thiouracil, there was severe hepatic damage, and the role of the antithyroid chemotherapy in the causation of death is still under discussion.[11]

Traumatism

Traumatism to the endocrine glands may be a cause of death or at least of severe endocrinopathies. Madelung, mentioned by Stern and Wood,[12] described in 1904 the case of a 6 year old girl in whom, following a bullet wound of the sella turcica, there developed adiposogenital dystrophia. Several other instances have been reported. Chandler, also mentioned by Stern and Wood,[12] writing on traumatic apoplexy of the adrenal glands, added his observation of a man who was struck by a truck and died several hours later in a condition suggesting multiple emboli to the brain. Autopsy, however, showed absolute normality of the central nervous system and of the heart, while "both adrenal glands were markedly enlarged and were very dark in color. On section the medula (was found) replaced entirely by freshly clotted blood."

While trauma may favor the production of endocrinopathies, endocrine disorders may also favor trauma, as is the case in osteitis fibrosa cystica or von Recklinghausen's disease. Adenoma of one or more of the parathyroid glands characterizes this disease and induces severe changes in the structure of the skeleton, with osteoporosis and cyst formation which lead to easy fracturing.[13] Another instance is that of hypoglycemic crises in diabetes mellitus, already mentioned, in which sudden unconsciousness may occur, leading to any and all types of possible accidental trauma.

SUMMARY

The importance of the endocrine glands and their functions cannot be ignored. It becomes the duty of the pathologist, the legal examiner and the criminologist to familiarize themselves with the enormous mass of evidence which is accumulating to show the large share of responsibility that the endocrine system has in the development of the physical and the psychic entity of the human being and, consequently, in his illnesses and in his actions.

In this rather informal presentation, I have attempted to review some of the relationships that link endocrinology and legal medicine, in order to direct attention to them so that further study and better use may be made by both endocrinologists and medicolegal examiners of the wealth of their experiences which, if properly associated and correlated, would increase their worth in geometric proportion, but remain valueless if not properly estimated and used.

References

1. Lamar, C. P.: (a) Clinical Endocrinology of the Mate, with Especial Reference to the Male Climacteric, J. Florida M. A. 26:398-404 (Feb.) 1940; (b) Subcutaneous Implanta-

tion of Testosterone in Male Eunuchoidism, Clin. Med. 49:66-68, 1942; (c) The Management of Sexual Hypoesthesia in Females, in preparation; (d) Prepuberal Hypogonadism, in preparation.

2. Glaister, J.: Medical Jurisprudence and Toxicology, ed. 7, Baltimore, Williams & Wilkins, 1942, p. 292.

3. Gonzalez, T. A., and others: Legal Medicine and Toxicology, New York, Appleton-Century, 1937, pp. 24-33.

4. Kelly, G. L.: Sex Manual, for Those Married or About to Be, Augusta, Ga., Southern Medical Supply Company, 1946, pp. 42-47.

5. Greenblatt, R. B.; Mortara, F., and Torpin, R.: Sexual Libido in the Female, Am. J. Obst. & Gynec. 44:658-663 (Oct.) 1942.

6. Simmons, F. A.: Clinical Interpretation of the Semen Analysis; in Diagnosis in Sterility; Proceedings of the Conference on the Problems of Human Fertility, edited by Earl T. Engle, Springfield, Chas. C. Thomas, 1946, p. 16-31.

7. Greenhill, J. P.: Office Gynecology, ed. 4, Chicago, Year Book Publishers, 1945, p. 176.

8. Ewing, J.: Identity, Mentioned by Gonzales.[3]

9. Frohlich, A.: A Case of Tumor of the Hypophysis Cerebri Without Agromegaly, Vienna, 1901; in Classic Descriptions of Disease, ed. 3, edited by R. H. Major, Springfield, Chas. C. Thomas, 1945, p. 307.

10. Cushing, H.: Papers Relating to the Pituitary Body, Hypothalamus and Parasympathetic Nervous System, Springfield, Chas. C. Thomas, 1932, p. 19.

11. Rezek, P.: Relationship Between Graves' Disease and Liver Pathology with Special Reference to Thiouracil Therapy; read at the Annual Meeting of the Southern Medical Association in Miami, Fla., Nov. 4-7, 1946.

12. Stern, R. A., and Wood, F. C.: Trauma in Internal Diseases, with Consideration of Experimental Pathology and Medicolegal Aspects, New York, Grune and Stratton, 1945, p. 168.

13. Hoskins, R. G.: Endocrinology; The Glands and Their Functions, New York, W. W. Norton, 1941, p. 116.

1010 Huntington Building.

CANCER CONTROL AGENCIES

LLOYD J. NETTO, M. D.

WEST PALM BEACH

Any properly supervised movement to prevent deaths from cancer, or to relieve the suffering of victims of incurable cancer earns the esteem of physicians and the general public alike. It is especially important to practitioners of medicine that they know what agencies are working in the field of cancer control and understand the aims and long range programs of each.

Two voluntary agencies are the National Cancer Foundation, organized within the last few months, and the American Cancer Society, which has been active since 1913. Both groups carry out their work, or work that is announced as their intention, with funds raised from voluntary subscriptions.

The National Cancer Foundation was organized by Julius Jay Perlmutter of New York. He serves as president and chairman of the executive committee. The announced primary objective of this organization is the hospitalization, care and treatment of patients with cancer in advanced stages. The first drive for funds already has begun and was expected to reach its peak between March 15 and 30. Chief project of the organization is the building and staffing of a Hope Institute, or terminal care hospital, in New York City. Provision of similar homes for terminal care in other cities is projected for the future after the New York hospital is in operation.

The operating program of the American Cancer Society, on the other hand, is threefold. It attacks the problem of cancer through education, both lay and professional, through service and through research. This society carries out an intensive local program through its state divisions and local county units. Operating under strict medical supervision, lay education is aimed at preventing needless deaths from cancer by stressing periodic physical examinations and the importance of immediate and proper medical treatment upon the appearance of any of the so-called "seven danger signals," which are the commonest symptoms of cancer in the early stages. The society's service program ranges from the making of surgical dressings for patients with cancer to providing the money to establish and operate clinics for the detection, diagnosis and treatment of the disease.

The Florida Division of the American Cancer Society, under the direction of Dr. J. N. Moore of Ocala, who serves as chairman of the state executive committee, and Mrs. Malcolm Smith of Tampa, State Field Army Commander, has made tremendous progress in expanding its educational and service activities during the last year. A planned, coordinated and sustained lay educational program has been put into effect in all parts of the state on a year-round basis.

Unprecedented financial support of the Florida Division's work in last April's drive for funds also has made it possible to finance nine strategically located service projects in the state. Each project was established on the basis of local needs, as determined by the physicians on county executive committees. Project applications were reviewed by the state's service committee, approved by the state executive committee, and given final approval in the American Cancer Society's national office from a medical committee composed of physicians from all parts of the country whose work in the field of cancer is outstanding.

Administration of each local project is carried out under the direction of the physicians on the county executive committee. These physicians are appointed at the suggestion and with the approval of the county medical societies.

The public's generous contributions received in response to the society's appeal for funds in Florida last year have made it possible to provide more than $40,000 in support of the nationwide research program being directed by the National

Research Council and financed by the American Cancer Society. During the first eight months of 1946, the society had allocated $953,000 to finance ninety-six separate research projects for periods of from one to three years and had granted twenty fellowships to qualify young scientists and physicians to carry out research in cancer.

In April, the Florida Division of the American Cancer Society will make its 1947 appeal for funds to continue its educational, service and research programs.

416 Comeau Building

Miami The Convention City



1. *Miami Beach.*
2. *One of Miami's ten golf courses.*
3. *A day's catch in Miami waters.*
4. *Hialeah Race Track Park*
5. *Miami's fishing fleet.*
6. *Home stretch at Hialeah Race Track.*

Miami is the choice of the Florida Medical Association for its annual meeting in April 1947. The city is glad to welcome the physicians of the state to this convention rendezvous, which is especially popular with all Floridians.

Cosmopolitan by reason of its unique geographic position, Miami is the fastest growing large community in the United States. Incorporated in 1896 with a population of 260, it celebrated its fiftieth anniversary in July 1946 with an estimated permanent population of 225,000. Today there are more than 75,000 homes in the area, very different from the huddle of buildings at the mouth of the Miami River at the time of the city's incorporation.

Naturally, one of the reasons for Miami's amazing growth is the climate, which, according to the statistics of the United States Weather Bureau and not of those whose wish might be father to the thought, is as near the ideal as possible. The average winter temperature over a period of fifty years is 69.8 degrees and for summer 80.4, making an average for the year of 74.5. There is an average of only eight days in the year when the thermometer rises above 90 degrees. Incidentally, the average temperature

during April, when the members of the Florida Medical Association plan to visit Miami, is 73.8 degrees, which is surprisingly mild considering the latitude of Southeastern Florida and is entirely due to the tempering influence of prevailing trade winds blowing from the Gulf Stream three miles offshore.

The results of the growth of the city are impressive. There are 94 scholastic institutions, which include two colleges, one military academy, five parochial schools, 15 private schools and 71 public schools, of which 57 are for white pupils and 14 for Negroes. With 238 churches representing more than 50 denominations, the vital angles of business and family life are well established.

It may be mentioned that business in the area has soared to astounding heights, primarily because of the huge volume of tourist trade. With its present day character of a year-round resort, Miami receives approximately 2,000,000 tourists every year, representing an income to the community of $200,800,000. Because of the city's close proximity to Latin-American countries, there is a highly profitable foreign interchange of mutual benefit.

Miami is served by 8 airlines, 3 domestic and 5 foreign. Pan-American World Airways has its national headquarters in the city, and buildings for National Airlines' headquarters are already under construction. As a result of all this activity, the aerial port of Miami handles more than 400,000 persons every year, which makes it busier even than the aerial port of New York and busier than all the aerial ports of the other great cities of the country combined. It also results in a tremendous number of foreign contacts being available in the city of Miami, which adds to the interest of the city as a convention and tourist spot.

The amusement angle of the Miami area has been so widely publicized it hardly needs mention. The physicians and their families will be given ample opportunity by their Miami hosts to enjoy sunbathing from oceanside cabanas, golf on one of the many fine courses in the area, and riding or sightseeing aboard the boats which ply the waters of Biscayne Bay, the Miami reaches of the Inland Waterway, the Miami River and in and out between man-made tropic isles.

Fishermen among the visitors will find their angling requirements well cared for either out in the big game waters of the Gulf Stream, around the Florida Keys or in the near at hand bone fishing grounds. During April, also, at least one horse racing and one dog racing plant will be in operation with legalized parimutuel betting.

The Florida Medical Association should also find in Miami an enjoyable place purely on convention grounds. The most spacious hotels, supplying living quarters and meeting space, will be at their disposal in the downtown area overlooking the waters of Biscayne Bay and Bayfront Park with its bandshell and the fine Auditorium in which the Convention will be held. Moreover, they are within easy reach of nightspots and restaurants for which the area is famous.



General Headquarters—Municipal Auditorium

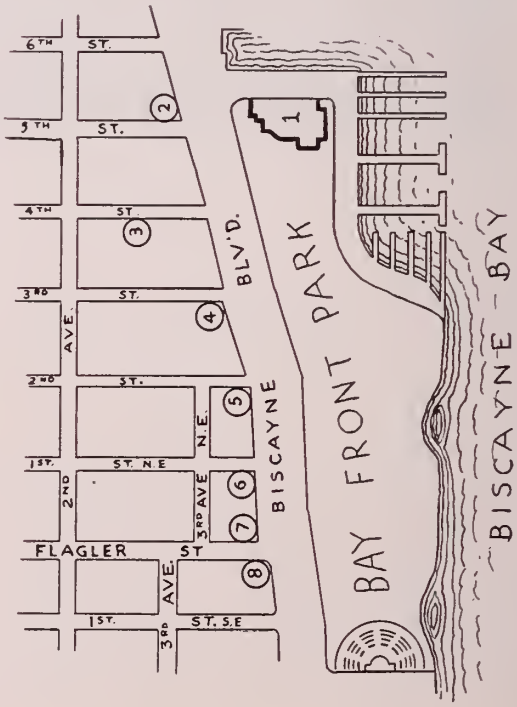


Figure 1 indicates location of Municipal Auditorium Bayfront Park Area.

PROGRAM

of the

Seventy-Third Annual Meeting

FLORIDA MEDICAL ASSOCIATION

To Be Held at MIAMI

APRIL 21, 22, and 23, 1947

REGISTRATION

The Registration Desk will be located in the north end of the technical exhibit hall in the Municipal Auditorium, Bayfront Park, and will be open Sunday, 1:30 p. m. to 5:30 p. m., Monday and Tuesday, 8:30 a. m. to 5:30 p. m., and Wednesday, 8:30 a. m. to 1 p. m. All members will be required to register and secure identification badge before attending any of the sessions. Guests and ladies are required to register.

CONVENTION HEADQUARTERS

Municipal Auditorium

The general headquarters will be at the Municipal Auditorium, where the registration desk, assembly room for general sessions, meeting place of the House of Delegates, scientific assemblies, information desk and technical exhibit hall will be located.

The McAllister will be hotel headquarters for specialty groups Sunday and Monday forenoon, with the exception of the Florida Society of Ophthalmology and Otolaryngology. This group will hold its meetings at the Columbus Hotel.

HOTELS

McAllister — *Hotel Headquarters*
(European Plan)

Single $4.00-$6.00 *Double* $7.00-$9.00

Other (*European Plan*)	*Single*	*Double*
Alcazar	$4.00-$6.00	$6.00-$ 8.00
Columbus	$5.00-$6.00	$8.00-$10.00
Everglades	$5.00-$8.00	$8.00-$12.00

Dr. L. W. Dowlen is local chairman on hotels and rates.

ANGLERS

Parties will be taken on fishing trips if desired. Information pertaining to reservations may be secured by application to Dr. Robert F. Dickey, 300 Aragon Avenue, Coral Gables, telephone 4-2815, chairman of the local committee. Inquiries for reservations and information should be mailed not later than two weeks before the convention in order that adequate plans may be made for each person wishing to make a fishing trip. It will be appreciated, if those interested will specify the type of fishing and the day preferred.

GOLF

The annual handicap golf tournament for members of the Florida Medical Association will be played at the Miami Country Club. The tournament will be held Monday and Tuesday, April 21, and 22. The club will be available to members of the Association for practice rounds on Sunday, April 20. Those wishing to participate must be registered and show F.M.A. badges.

Rules: U. S. Golf Association, except local rules.

Handicaps: Three-fourths official handicap with a maximum of 20 strokes. The entrant must register with the starter and give his handicap before beginning his tournament round.

Score card must be dated, signed, attested and turned in to the starter at the end of the round.

Voucher for prizes will be awarded at the Association dinner. First prize: Orlando Cup (low net score). Many other prizes will be awarded. (*The last winner of the Orlando Cup, Dr. Walter C. Jones, is requested to deliver the cup to Dr. Charles R. Burbacher, chairman of the local committee, on his arrival at the convention.*)

For additional information, communicate with Dr. Charles R. Burbacher, 227 Aragon Avenue, Coral Gables, telephone 48-1776.

TECHNICAL EXHIBITS

Technical exhibits will be located in the Municipal Auditorium. The technical exhibits have a real scientific value, and physicians who wish to keep abreast of the times and be familair with the latest development in drugs and medical appliances should spend some time with these exhibits; a surprising amount of useful information can be procured in this way. Many exhibitors have nothing to sell, the representatives of the firms being there to give the latest information regarding their products. Those who have items for sale will gladly give information whether there is a purchase or not. Be sure to register your name with the various representatives who are exhibiting.

The following firms have arranged for exhibits at the Miami meeting:

A. S. Aloe Company
American Optical Company
Bard-Parker Company, Inc.
Borden Company
Bremer Brace Manufacturing Company
Camel Cigarettes
Ciba Pharmaceutical Products, Inc.
Coca-Cola Company
Cutter Laboratories
H. G. Fischer & Co.
C. B. Fleet Company, Inc.
General Electric X-Ray Corp.
Holland-Rantos Company, Inc.
Keleket X-Ray Company of Florida
Lederle Laboratories
Eli Lilly and Company
J. B. Lippincott Company
The Maico Company, Inc.
J. A. Majors Company
Mead Johnson & Company
Jim S. Merrihew
Miami Surgical Company
M & R Dietetic Laboratories, Inc.
Nestle's Milk Products, Inc.
Optical Service of Florida
Ortho Pharmaceutical Corporation
Parke, Davis & Company
Pet Milk Sales Corporation
Philip Morris & Company
Schering Corporation
G. D. Searle & Co.



1. *The Everglades.* 2. *The Robert Clay.* 3. *The Miami Colonial.* 4. *The McAllister.*
5. *The Towers.* 6. *The Columbus.* 7. *The Dallas Park.* 8. *The Alcazar.*

Sharp & Dohme, Inc.
Southeastern Optical Company
Spencer, Incorporated
E. R. Squibb & Sons
Surgical Equipment Company
Surgical Supply Company
Tablerock Laboratories
R. H. Thomas
Byron Thompson & Company, Inc.
Walker Vitamin Products, Inc.
Winthrop Chemcial Company, Inc.

SKEET AND TRAPSHOOTING

Skeet and trapshooting events will take place Tuesday afternoon, April 22, at the Peckaway Skeet Club. If this date conflicts with your program, any other day you desire is agreeable, but please advise so that plans can be changed. A limited number of guns are available. It is advisable for each person desiring to participate to bring his own gun. Shells 20, 16 and 12 gauge are available. There will be no class shoot. Twelve gauge will be used on all events. All applications to participate in this sport should be made to Dr. Frazier J. Payton, local chairman, Huntington Building, Miami, telephone 2-6436.

SMOKER (*Not Stag*)

Monday, 9:00 *p. m.*
Coral Gables Country Club
Admission by F. M. A. Badge Only

A delightful evening of entertainment including music, dancing and floor show has been arranged for the members, their guests and the ladies by the Smoker Committee, of which Dr. Jack Q. Cleveland is local chairman.

ASSOCIATION DINNER

Tuesday, 7:30 *p. m.*
The Surf Club

9011 Collins Ave., Miami Beach

Dinner tickets ($6.00) may be obtained at the Registration Desk at the Municipal Auditorium. Purchase your tickets on arrival as there will be a limited number on sale.

ALUMNI AND FRATERNITY SUPPERS

Monday, 6 *p. m.*
McAllister Hotel

All persons wishing to attend an Alumni or Fraternity Supper are requested to notify Dr. Joseph S. Stewart, local chairman, duPont Building, Miami, telephone 3-6702. It will be impossible to arrange for these suppers until word is received from all those who wish to attend. Please notify Dr. Stewart well in advance of the convention and specify which group you wish to attend.

TOUR TO CUBA

A post-convention tour to Cuba has been arranged by a local committee. One hundred berths on the S. S. Florida have been reserved for the trip, Wednesday, April 23, and return, Sunday, April 27. A later trip may be available, leaving Miami, Friday, April 25. Those who prefer to fly will have plenty of plane trips available both ways. All persons interested in this post-convention trip to Cuba are requested to communicate with Dr. Carlos P. Lamar, 1010 Huntington Building, Miami, who is chairman of the local committee.

OFFICERS OF DADE COUNTY MEDICAL ASSOCIATION

Warren W. Quillian, *President*
Robert T. Spicer, *President-Elect*
John D. Milton, *Vice President*
Jack Q. Cleveland, *Secretary*
Ralph S. Sappenfield, *Treasurer*

LOCAL COMMITTEES

CABINET

Frank W. Hewlett, *Chairman*

Jack Q. Cleveland	Homer L. Pearson
C. R. Burbacher	John D. Milton
Robert Dickey	Carl E. Dunaway
F. J. Payton	Wiley M. Sams
L. W. Dowlen	Joseph S. Stewart
Milton M. Coplan	Ralph S. Sappenfield

SMOKER

Jack Q. Cleveland, *Chairman*

H. B. Rogers	J. Randolph Perdue
Herbert Eichert	Frank M. Woods

Samuel W. Page, Jr.

GOLF

C. R. Burbacher, *Chairman*

Arthur H. Weiland	Colquitt Pearson
Thos. W. Hutson	Robert M. Harris

ANGLERS

Robert F. Dickey, *Chairman*

Charles F. Hudson	J. R. Hilsenbeck

Herbert W. Virgin

TRAPSHOOTING

F. J. Payton, *Chairman*
John E. Dees

HOTELS AND RATES

L. W. Dowlen, *Chairman*

Franz H. Stewart	John W. Snyder

Perry D. Melvin

EARLY REGISTRATION OF DADE MEMBERS

Milton M. Coplan, *Chairman*

Herman Boughton	E. Sterling Nichol

Donald W. Smith

GREETERS

Homer L. Pearson, *Chairman*

Walter C. Jones, Jr.	E. Norton McKenzie
Ralph W. Jack	W. Duncan Owens

Robert M. Oliver

TRANSPORTATION

John D. Milton, *Chairman*

R. N. Burch	Kenneth Phillips

W. C. Rentz, Jr.

PROJECTING LANTERN

Carl E. Dunaway, *Chairman*

S. Marion Salley	Paul A. Zimerman
Julius Alexander	Robert F. Dickey

Max Peper

LADIES' ADVISORY

Wiley M. Sams, *Chairman*

Wm. W. McKibben	John C. Turner

Arthur L. Walters

ALUMNI AND FRATERNITY SUPPERS

Joseph S. Stewart, *Chairman*

Jack A. McKenzie — J. O. W. Rash
R. Sam Mosley — James H. Putman

FINANCE

Ralph S. Sappenfield, *Chairman*

M. Jay Flipse — Bascom H. Palmer
W. L. Fitzgerald — C. Larimore Perry

TOUR TO CUBA

Carlos P. Lamar, *Chairman*

Rene A. Torrado — Eduardo F. Pena
Benjamin G. Oren

WINNERS OF THE ORLANDO LOVING CUP

The Orlando Loving Cup was donated by the Orange County Medical Society at the Annual Meeting of the Florida Medical Association in 1931 at Orlando.

1931 — M. A. Lischkoff, Pensacola
1932 — Clarence A. Rudisill, Tampa
1933 — Blackburn W. Lowry, Tampa
1934 — Heyward J. Blackmon, Tampa
1935 — M. A. Lischkoff, Pensacola
1936 — Shaler Richardson, Jacksonville
1937 — J. R. Chandler, Daytona Beach
1938 — William Y. Sayad, West Palm Beach
1939 — James T. Cowart, Tampa
1940 — Lucien B. Dickerson, Clearwater
1941 — William C. Roberts, Panama City
1942 — Clarence A. Rudisill, Tampa
1943 — No tournament
1944 — No tournament
1945 — No tournament
1946 — Walter C. Jones, Miami

MONDAY

FIRST GENERAL SESSION

Monday, 1:30 *p. m.*

MUNICIPAL AUDITORIUM

Call to Order, President Shaler Richardson
Invocation, Everett S. Smith, D. D., Minister First Christian Church, Miami
Address of Welcome, Warren W. Quillian, President, Dade County Medical Association
Gavel to First Vice President, E. C. Swift
President's Address, Shaler Richardson
President Resumes Chair
Report of Secretary-Treasurer, Robert B. McIver, and Managing Director, Stewart Thompson
Report of Editor of Journal, Homer L. Pearson
Introduction, Delegates from other state societies
New Business
Announcements

FIRST MEETING HOUSE OF DELEGATES

Monday, 3:00 *p. m.*

MUNICIPAL AUDITORIUM

President Richardson in the Chair
Roll Call and Seating of Delegates
Adoption of Minutes as published in June 1946 Journal
Report of Delegates to A.M.A.: Homer L. Pearson and Edward Jelks.
Election of one Delegate and one Alternate to A.M.A. meeting for two-year terms

(*A.M.A. By-Laws, Chapter I, Sec.* 1: *"A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve."*)

Meeting Place, 1948 (*Recommendation of Board of Governors*)
Reference Committee Personnel announced by President
Reading of Resolutions
Reports of Committees: (*Two copies of each report to be laid on speaker's table immediately after reading*)

Board of Governors, Walter C. Jones
Scientific Work, J. Rocher Chappell
Legislation and Public Policy, H. D. Van Schaick
Medical Education and Hospitals, W. M. Rowlett
Public Relations, Ferdinand Richards
Necrology, John A. Simmons
Medical Postgraduate Course, T. Z. Cason
Cancer Control, Herman Watson
Medical Economics, Harrison Walker
Venereal Disease Control, E. T. Sellers
Interrelationship, W. M. Davis
Tuberculosis and Public Health, Louie Limbaugh
State Controlled Medical Institutions, H. Mason Smith
Maternal Welfare, Samuel R. Norris
Child Health, Luther W. Holloway
Conservation of Vision, C. E. Dunaway
Advisory to Woman's Auxiliary, John E. Maines
Representatives to Industrial Council, R. R. Duke
Council, Herbert E. White
Board of Past Presidents, John C. Vinson

New Business
Announcements
Adjournment

REFERENCE COMMITTEES

Monday, 5:30 *p. m.*

MUNICIPAL AUDITORIUM — ASSEMBLY ROOM

1. Health and Education, front.
2. Public Policy, rear.
3. Finance and Administration, Speaker's Platform.

ALUMNI AND FRATERNITY SUPPERS

Monday, 6:00 *p. m.*

McALLISTER HOTEL

SMOKER (*Not Stag*)

Monday, 9:00 *p. m.*

CORAL GABLES COUNTRY CLUB

Admission by F. M. A. Badge Only

A delightful evening of entertainment including music, dancing and floor show has been arranged for the members, their guests and the ladies by the Smoker Committee, of which Dr. Jack Q. Cleveland is local chairman.

TUESDAY

BOARD OF PAST PRESIDENTS

Tuesday, 8:00 *a. m.*
McAllister Hotel — Club Room
Breakfast ($1.15)
Election of Chairman, Vice Chairman and Secretary

SECOND MEETING HOUSE OF DELEGATES

Tuesday, 9:30 *to* 11:25 *a. m.*
Municipal Auditorium

Roll Call (*No alternates are to be seated for delegates attending yesterday's meeting*)
Recommendations of Reference Committees:
No. 1, Health and Education
No. 2, Public Policy
No. 3, Finance and Administration
Other Unfinished Business
Announcemnts
Adjournment

SECOND GENERAL SESSION

Tuesday, 11:30 *a. m.*
Ballroom

Call to Order, Shaler Richardson, President
Address (by invitation), "The Eye in Thyroid Disease" (Lantern Slides), John H. Dunnington, Director Institute of Ophthalmology, New York, N. Y.

SCIENTIFIC ASSEMBLIES

Committee on Scientific Work: J. Rocher Chappell, chairman, Orlando; F. K. Herpel, West Palm Beach; Daniel A. McKinnon, Marianna; Douglas D. Martin, Tampa; Herbert E. White, St. Augustine.

Attention is called to the following By-Laws:

"All papers, read before the Association shall be its property. Every paper shall be deposited with the secretary when read."

"No address or paper before the Association, except those of the president and orator, shall occupy more than fifteen minutes in its delivery, and no member shall speak longer than five minutes, or more than once on any one subject."

FIRST SCIENTIFIC ASSEMBLY

Tuesday, 2:00 *to* 5:00 *p. m.*
Municipal Auditorium

1. "The Clinical Value of Gastroscopy," H. Phillip Hampton, Tampa
 Discussion: Charles Gray, Tampa
 James L. Borland, Jacksonville
2. "Common Fungous Diseases of the Skin" (Lantern Slides), Wesley W. Wilson, Tampa
 Discussion: L. M. Sompayrac, Jacksonville
 Wiley M. Sams, Miami
3. "Curare, with Mention of the New Curare-like Preparation Di-hydro Beta-Erythroidine" (Lantern Slides), Thomas E. Daly, West Palm Beach.
4. "The Doctor and the Public," Frank G. Slaughter, Jacksonville
 Discussion: Edward Jelks, Jacksonville
 John R. Boling, Tampa
5. "New Services of the State Laboratories," Albert V. Hardy, Jacksonville
 Discussion: J. N. Patterson, Tampa
 Herbert L. Bryans, Pensacola

ASSOCIATION DINNER

Tuesday, 7:30 *p. m.*
The Surf Club

Dinner Tickets ($6.00) may be obtained at the Municipal Auditorium Registration Desk

VOUCHER FOR PRIZES

At Association Dinner
Golf, Fishing, Skeet and Trapshooting

SECOND SCIENTIFIC ASSEMBLY

Wednesday, 9:30 *to* 11:30 *a. m.*
Municipal Auditorium

6. "Manifestations of Some Internal Diseases in the Fundus of the Eye" (Lantern Slides), W. Jerome Knauer, Jacksonville
 Discussion: William C. Blake, Tampa
 Carl E. Dunaway, Miami
7. "The Surgical Approach to the Treatment of Certain Heart Diseases" (Lantern Slides), Emil M. Isberg, Miami Beach
 Discussion: E. Sterling Nichol, Miami
 S. Marion Salley, Miami
8. "The Manchaster Operation in the Treatment of Uterine Prolapse" (Motion Picture), C. J. Collins; Louis Pohlman and Gabriel Sanchez (by invitation), Orlando
 Discussion: Homer L. Pearson, Miami
 Ferdinand Richards, Jacksonville
9. "Wounds of the Colon and Rectum," (Lantern Slides), C. Frank Chunn, Tampa
 Discussion: Leland F. Carlton, Tampa
 David R. Murphey, Jr., Tampa

PROJECTORS

The Committee on Projecting Lantern, of which Dr. Carl E. Dunaway is chairman, has arranged for a projecting lantern and daylight screen for use during the convention. An operator will be available at all times.

WEDNESDAY

THIRD GENERAL SESSION

Wednesday, 12:00 *Noon*
Municipal Auditorium

President Richardson in the Chair
Unfinished Business
New Business
Election of President Elect
Election of First Vice President
Election of Second Vice President
Election of Third Vice President
Election of Secretary-Treasurer
Election of Editor of the Journal
Dr. W. C. Thomas escorted to the Chair as new president
Presentation of Past President's Button and Certificate of Honor to Dr. Shaler Richardson by Dr. W. C. Thomas, President
Adjournment

SPECIALTY GROUP MEETINGS

EIGHTH ANNUAL MEETING

FLORIDA SOCIETY OF

OPHTHALMOLOGY AND **OTOLARYNGOLOGY**

OFFICERS

Walter T. Hotchkiss, President Miami Beach
W. Jerome Knauer, Vice President Jacksonville
William Y. Sayad, Secy.-Treas. West Palm Beach

Sunday, April 20

COLUMBUS HOTEL — SUN ROOM

6:00 p. m. Reception and Cocktail Party

7:00 p. m. Supper

8:00 p. m. Scientific Session

1. Reading of Minutes of Last Regular Meeting
2. President's Address of Welcome, Walter Hotchkiss, Miami Beach
3. "Bronchoscopy in Diagnosis," George E. McKenzie, Miami
 Discussion: Alfred G. Levin, Miami Beach
 H. Marshall Taylor, Jacksonville
4. "Preliminary Report of First Twenty-Five Cases of Lempert's Fenestration in Clinical Otosclerosis," William Y. Sayad, West Palm Beach
 Discussion: Walter T. Hotchkiss, Miami Beach
 Thomas M. Edwards, Tampa
5. "Meniere's Syndrome" (by invitation), Henry L. Williams, Mayo Clinic, Rochester, Minn.

Monday, April 21

COLUMBUS HOTEL — SUN ROOM

9:30 a.m. Scientific Session

1. "Refraction Without Cycloplegia," John V. McMackin, Miami
 Discussion: Francis C. Skilling, Miami
 Shaler Richardson, Jacksonville
2. Annual Report of Florida Council for the Blind, Mr. M. Robert Barnett, Executive Secretary, Tampa
3. "Some Complications of Cataract Extraction" (by invitation), John H. Dunnington, Eye Institute, Presbyterian Hospital, New York

Intermission for Ten Minutes

Business Session, Adoption of Constitution and By-Laws, and Election of Officers

NINTH ANNUAL MEETING

FLORIDA **PEDIATRIC** SOCIETY

OFFICERS

Councill C. Rudolph, President St. Petersburg
James R. Boulware, Jr., Vice President Lakeland
Robert Blessing, Secy.-Treas. Ft. Lauderdale

Sunday, April 20

MCALLISTER HOTEL — CLUB ROOM

7:00 p. m. Dinner Meeting ($3.45), Club Room

8:00 p. m. "Convulsion and Acute Involvement of the Central Nervous System," (by invitation) John A. Toomey, Western Reserve, Cleveland, Ohio

Monday, April 21

MCALLISTER HOTEL — CLUB ROOM

10:00 a. m. "Common Orthopedic Problems in Children, Especially in Relation to the Feet," Robert C. Lonergan, St. Petersburg

Election of Officers

SIXTEENTH ANNUAL SPRING MEETING

FLORIDA **RADIOLOGICAL** SOCIETY

OFFICERS

Charles M. Gray, President Tampa
James F. Pitman, Vice President Lake City
J. Maxey Dell, Jr., Secy.-Treas. Gainesville

Sunday, April 20

MCALLISTER HOTEL — DIRECTORS' ROOM

2:00 p. m. Scientific Session
Round Table Discussion

6:30 p. m. Dinner ($3.45), Directors' Room

8:00 p. m. Scientific Session

Monday, April 21

MCALLISTER HOTEL — DIRECTORS' ROOM

10:00 a. m. Business Meeting and Election of Officers

FIFTH ANNUAL MEETING

FLORIDA **PATHOLOGICAL** SOCIETY

OFFICERS

Vesey M. Johnson, President West Palm Beach
Nelson A. Murray, Vice President Jacksonville
Gretchen V. Squires, Secy.-Treas. Pensacola

Sunday, April 20

ST. FRANCES HOSPITAL — MIAMI BEACH

1:00 p. m. Luncheon
Slide Seminar

Monday, April 21

MCALLISTER HOTEL — ROOM 318

10:00 a. m. Business Session and Election of Officers
General Discussion
Clinical Pathology
Certification of Private Laboratories

SECOND ANNUAL MEETING

FLORIDA **HEALTH OFFICERS'** SOCIETY

OFFICERS

Frank V. Chappell, President Tampa
W. E. Van Landingham, Vice President West Palm Beach
Lorenzo L. Parks, Sec.-Treas. Jacksonville

Monday, April 21

MCALLISTER HOTEL — FLAGLER ROOM

10:00 a. m. Scientific Session

1. "Child Management in a Dental Health Program," Drew H. Turner, D. D. S., Jacksonville
2. "The Significance of Quantitative Serological Tests as a Guide in Penicillin-Treated Syphilis," Roger F. Sondag, Jacksonville
 Discussion: George Lacy, Miami
3. "How is Poliomyelitis to be Controlled," Howard A. Howe, Baltimore
4. "Cancer Control," Austin V. Deibert, Washington, D. C.

12:00 noon Business Meeting and Election of Officers

EIGHTH ANNUAL MEETING

FLORIDA SECTION

AMERICAN COLLEGE OF PHYSICIANS

OFFICERS

E. Sterling Nichol, President Miami
R. D. Thompson, Secretary Orlando

Monday, April 21

McAllister Hotel — Bayview Room

12:00 noon Luncheon ($2.30), Bayview Room
Business Session
Installation of New Officers

REGULAR MEETING OF THE FLORIDA SOCIETY OF DERMATOLOGY AND SYPHILOLOGY

Officers

Samuel F. Ricker, President Orlando
Wesley W. Wilson, Secretary Tampa

Sunday, April 20

McAllister Hotel — Room 314

11:00 a. m. Round Table Discussion
11:30 a. m. Business Meeting
11:50 a. m. Election of Officers
1:00 p. m. Luncheon ($2.25), Room 314

FIRST ANNUAL MEETING, FLORIDA NEUROLOGY AND PSYCHIATRY SOCIETY

Temporary Officers

H. Mason Smith, President Tampa
W. H. McCullagh, Secretary Jacksonville

Sunday, April 20

McAllister Hotel — Room 314

8:00 p. m. Scientific Session
1. "Surgical Relief of Pain," J. G. Lyerly, Jacksonville

9:00 p. m. Business Session and Election of Officers

EIGHTH ANNUAL MEETING FLORIDA ASSOCIATION OF INDUSTRIAL AND RAILWAY SURGEONS

Officers

F. A. Vogt, President Miami
Lloyd J. Netto, President Elect West Palm Beach
E. W. Cullipher, Vice President Miami
J. H. Mitchell, Sec.-Treas. Jacksonville

Monday, April 21

McAllister Hotel — Biscayne Room

10:00 a. m. President's Address, F. A. Vogt, Miami
10:10 a. m. Secretary-Treasurer's Report
10:20 a. m. Election of Officers
10:45 a. m. "An Analysis of the Etiology of Low Back Disability and the Treatment," J. S. Speed, Memphis, Tenn.
11:30 a. m. Round Table Discussion

FIRST ANNUAL MEETING, FLORIDA GENERAL PRACTICE OF MEDICINE SOCIETY

Temporary Officers

Eugene G. Peek, President Ocala
M. Crego Smith, Secretary Clearwater

Monday, April 21

McAllister Hotel — Room 314

10:00 a. m. Scientific Session
1. Address of Welcome, Eugene G. Peek, Ocala
2. Address (by invitation), "The General Practice of Medicine," Wingate M. Johnson, Chairman, Section on General Practice of Medicine, American Medical Association, Winston-Salem, N. C.
3. Address (by invitation), "General Practice and Group Practice," Wilburt C. Davison, Dean, Duke University School of Medicine, Durham, N. C.

12:00 noon Business Session and Election of Officers

TWENTIETH ANNUAL MEETING WOMAN'S AUXILIARY

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Mrs. R. F. Stover Program
Mrs. Harrison Walker Pages

Program

Monday, April 21

Admission by F. M. A. Badge Only

12:30 p. m. Luncheon for Board Members at the home of Dr. and Mrs. Arthur L. Walters, 4049 Pine Tree Drive, Miami Beach
1:30 p. m. Board Meeting
3:00 p. m. Tea for Auxiliary Members at the home of Dr. and Mrs. D. Ward White, 5244 N. Bay Road, Miami Beach, from 3:00 to 5:00 p. m.
9:00 p. m. Smoker—Coral Gables Country Club

Tuesday, April 22

McAllister Hotel — Biscayne Room

9:30 a. m. General Auxiliary Session
Call to Order, Mrs. C. H. Murphy, President
Invocation, Rev. D. I. Hiller
Pledge of Allegiance to the Flag, Mrs. H. A. Barge, Miami
Greetings, Mayor Perrine Palmer, Jr.
Address of Welcome, Mrs. S. P. Alderson, Miami
Response, Mrs. L. E. Parmley, Winter Haven
In Memoriam, Mrs. Gordon H. Ira, Jacksonville
Introduction of Guests
Reading of Minutes, Jacksonville Convention, Mrs. C. D. Rollins, Jacksonville
Roll Call
Convention Rules of Order, Mrs. J. E. Maines, Gainesville
Credentials, Mrs. Herbert W. Virgin, Jr., Miami
Address, Dr. W. C. Thomas, Gainesville
President's Message, Mrs. C. H. Murphy, Bartow
Reports:
Officers and Chairmen
County Presidents
Nominating Committee
Election of Officers
Election of Delegates to National Convention
Installation of Officers
Courtesy Resolutions, Mrs. R. Gaylord Lewis, West Palm Beach, Mrs. A. S. Anderson, St. Petersburg
Announcements
Adjournment

1:00 p. m. Luncheon—Columbus Hotel
7:30 p. m Association Dinner — The Surf Club



JOHN H. DUNNINGTON, M. D., GUEST SPEAKER

Born at Farmville, Va., on Jan. 12, 1894, Dr. John Hughes Dunnington was educated in his native state. He received the degree of Bachelor of Arts from Hampden-Sydney College in 1911 and the degree of Doctor of Medicine from the University of Virginia in 1915. Following internships in New York hospitals, he served as a first lieutenant of the Medical Corps of the United States Army in 1918 and 1919.

This distinguished Virginian has since 1935 been the director of the Institute of Ophthalmology of the Presbyterian Hospital in New York and attending ophthalmologist at that hospital. For nine years he has also been the clinical director and attending ophthalmologist of the Vanderbilt Clinic. Since 1938 he has served as professor of ophthalmology at the College of Physicians and Surgeons of Columbia University. He is consultant ophthalmologist of the Englewood Hospital, Englewood, N. J., and of the New York Orthopedic, Staten Island and White plains hospitals.

Dr. Dunnington has long been prominently identified with leading medical organizations. He is a fellow of the American College of Surgeons and of the American Medical Association. In addition, he holds membership in the American Ophthalmological Society, the American Academy of Ophthalmology and Otolaryngology, the New York Academy of Medicine, the New York Ophthalmological Society and the New York state and county medical societies.

From Our President

MEMBERSHIP IN THE HOUSE OF DELEGATES

Representing one's county medical society in the House of Delegates is an honor, but also an obligation and a responsibility. To sit in the legislative body of the Association is to have a voice in setting the policies under which organized medicine functions in the state. The number of delegates from each county society is based on membership.

It is highly important to the component societies that their delegates attend both meetings of the House of Delegates. The by-laws of the Association provide that a delegate whose name has been placed on the roll of the House of Delegates shall remain a delegate of the body he represents throughout all sessions. Since his place cannot be taken by another delegate or an alternate, each delegate should plan to be present at both sessions. Should it be impossible for a delegate to attend the two meetings, he should arrange for his alternate to attend them both in his place.

Before coming to the meetings, the delegates and alternates should learn the attitude of the majority of the members of their respective societies on all debatable questions that are likely to be discussed. To vote intelligently a representative must be informed and he is expected to vote in keeping with the wishes of the society which elected him, whether or not they coincide with his personal opinion.

Resolutions and annual reports of standing committees are presented at the first meeting of the House of Delegates. In order to conserve time and to discourage comment by those uninformed on the questions involved, discussions are prohibited at this meeting. All reports and resolutions are referred to one or another of the three reference committees. Should a report or resolution contain a controversial question, delegates should appear before the reference committee to which it was referred, for there a full discussion may be had. Each report, resolution and important motion should be in writing, preferably typed, and also in duplicate; after it is read, both copies should be handed to the Secretary immediately.

At the second meeting, the chairman of each reference committee is given an opportunity to present the recommendations of his committee. Here the members of the House of Delegates have a second opportunity to discuss each recommendation before the final vote is cast. If the delegates are to vote on all matters of importance, they must be present at this meeting after having also attended the first meeting, for it is at this meeting that final action is taken.

Shaler Richardson

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(Terms expire Dec. 31, 1948)

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Theodore F. Hahn, M.D.....*DeLand*

Board of Past Presidents
John C. Vinson, M.D., Chm., 1924.....*Tampa*
Walter C. Jones, M.D., 1941, Secy.....*Miami*
Robert H. McGinnis, M.D., 1915.....*Jacksonville*
William E. Ross, M.D., 1919.....*Jacksonville*
H. Marshall Taylor, M.D., 1923.....*Jacksonville*
John S. McEwan, M.D., 1925.....*Orlando*
H. Mason Smith, M.D., 1926.....*Tampa*
John A. Simmons, M.D., 1927.....*Arcadia*
Frederick J. Waas, M.D., 1928.....*Jacksonville*
Henry C. Dozier, M.D., 1929.....*Ocala*
Julius C. Davis, M.D., 1930.....*Quincy*
William M. Rowlett, M.D., 1933.....*Tampa*
Homer L. Pearson, M.D., 1934.....*Miami*
Herbert L. Bryans, M.D., 1935.....*Pensacola*
Orion O. Feaster, M.D., 1936.....*St. Petersburg*
Edward Jelks, M.D., 1937.....*Jacksonville*
W. Henry Spiers, M.D., 1938.....*Orlando*
Leigh F. Robinson, M.D., 1939.....*Ft. Lauderdale*
Gilbert S. Osincup, M.D., 1942.....*Orlando*
Eugene G. Peek, M.D., 1943.....*Ocala*
John R. Boling, M.D., 1944, 1945.....*Tampa*

SEVENTY-THIRD ANNUAL MEETING

The second postwar convention of the Association is scheduled for April 21, 22 and 23. The host city is Miami, and the headquarters hotel is the McAllister. All sessions are to be held in the Municipal Auditorium in beautiful Bayfront Park on Biscayne Bay, which is within walking distance of the McAllister and the other excellent nearby hotels where accommodations are available. The complete program of the meeting is published in this number of the Journal.

Immediately preceding the convention, ten specialty societies will meet, some on Sunday and others on Monday morning. Arrangements have been made for the meetings of these groups to be held in the McAllister Hotel. Their programs also appear in this month's Journal.

The Committee on Scientific Work, of which Dr. J. Rocher Chappell is the Chairman, has planned an excellent program for the scientific sessions of the Association. The essayists chosen will present timely subjects of general interest that will be stimulating and have practical value.

One of the outstanding social features is the Smoker on Monday night, April 21, at the Coral Gables Country Club. This will be followed on Tuesday night by the Association's Annual Dinner at the Surf Club in Miami Beach. In addition to these social events, there will be ample provision for the members and guests to enjoy the opportunities for relaxation and recreation in which Miami and its environs abound.

The technical exhibits will be numerous this year and well worth careful inspection. They will be displayed in the Auditorium.

The activities of the local committees, under the leadership of Dr. Frank W. Hewlett, General Chairman, assure every member of the Association a warm welcome and diversity of entertainment in the well known Miami tradition. Every physician who is privileged to attend will enjoy a profitable scientific program and pleasant fellowship in a delightful setting. H. L. P.

NOTICE TO DELEGATES AND COMMITTEE CHAIRMEN

The first meeting of the House of Delegates will be held on Monday at 3 p.m. in the Municipal Auditorium. Delegates are requested to register as soon after arrival as possible at the Registration Desk located in the technical exhibit hall.

At the Registration Desk special badges will be given to those members who are to be seated in the House of Delegates. Each delegate is required to present official credentials signed by the secretary of his county medical society. Members and guests who are not delegates are requested to use the seats towards the rear of the room, in order that official delegates may all sit together towards the front.

Chairmen of standing committees are urged to be present on time so that their reports may be read as scheduled in the official program, which is published in this issue of the Journal. Annual committee reports, resolutions, etc., are to be prepared in duplicate, and both copies laid on the speaker's table immediately after reading.

Delegates and committee chairmen, please note the time, date and place of this first meeting of the House of Delegates—3 p.m., Monday, April 21, in the Municipal Auditorium. H. L. P.

ARMY WEEK

This year, for the first time, the War Department will celebrate Army Week, beginning April 6 and continuing through April 12. Since 1928, it has been the custom to celebrate Army Day on April 6, the anniversary of this country's entry into World War I. Because this date falls on Easter Sunday, the celebration is being observed on Monday, April 7, and many activities will be carried out nationally on that day and throughout the week.

The purpose of Army Day and Army Week is to honor America's soldiers, living and dead, who did so much to make peace possible. It is also to acquaint the public with the new peacetime pattern of national defense and to explain the need for a well trained, efficient Army of volunteers adequate both in size and quality to discharge its designated duties at home and abroad as this country assumes a major role among the United Nations in building permanent world peace.

Appropriately, "A STRONG America Is a PEACEFUL America" is the theme for this celebration. The relationship between an adequate Army at this time and the national security should be impressed upon every citizen. The undertaking ahead is but a continuation of the tremendous conversion task accomplished in the brief year and a half since V-J Day. Eight million wartime veterans have been discharged, and a stable, efficient new Regular Army of more than a million men is now rapidly taking shape. Too, with the resumption of its peacetime assignments at home, the Army is continuing to make scientific advances at a rate unprecedented in military history.

Every citizen should be familiar with this vital phase of national life, in which he has a personal responsibility. Certainly every young man should know of the opportunities for a career offered by the service in the continuing campaign to enlist thousands of volunteers a month.

Army Week stresses not only the Regular Army but also the importance of new plans for the whole defense establishment, including building to strength, for training as manpower reserves for emergency, the National Guard of the United States, the Organized Reserve Corps and the Reserve Officers' Training Corps.

H. L. P.

CIVILIAN PRACTICE QUESTIONNAIRE

The rapid advance in scientific medicine during the present century has paralleled the advance in scientific warfare. There remain, however, many unsolved problems arising from the tremendous strides made in the recent war in the ability to destroy life and health. Provision for adequate care of the civilian population in the event of another national emergency was recognized by the House of Delegates of the American Medical Association at its December Meeting as one of the most critical of these problems.

Wisely, the medical profession in meeting its obligation to the American people in this matter seeks the necessary information now so that it may be prepared with facts and recommendations for any future emergency. Questionnaires have accordingly been sent out by the Committee on National Emergency Service of the American Medical Association to 5,000 physicians, selected at random, who were engaged in civilian practice during World War II. From their replies it is expected that facts may be determined as to how the civilian population was served during this war, and opportunity is given them to indicate what changes should be made in the mobilization of medical service in future emergencies.

Every physician receiving one of these questionnaires has a professional and a humanitarian duty to perform in completing it and returning it promptly. The committee seeks as broad a representation of facts, experiences and opinions as it is possible to get, and the accuracy of the facts obtained and the soundness of the conclusions made by the study will be determined to a great degree by the cooperation given by those receiving the questionnaire. Dr. Edward L. Bortz of Philadelphia, who is the chairman of this committee, appeals to every recipient to respond promptly. It is preferred that each questionnaire be signed, but if any physician wishes to remain anonymous, he may do so.

Completed questionnaires on their experience in military service have been received from 50,616 former medical officers and are now being analyzed. With the cooperation of the 5,000 physicians receiving questionnaires on their civilian experience, the committee will be able to complete a total study of how the medical profession can best serve the population, civilian and military, in the event of a future national emergency. The value of such a study is obvious.

H. L. P.

WELCOME BACK TO CIVILIAN PRACTICE

The Association anticipates with pleasure the presence of many members at the Annual Meeting in Miami who have been in military service and therefore unable to attend for some time. More than four hundred members have returned to civilian life since demobilization and are assuming civilian practice or are preparing to do so by taking special training. The energy, alertness, training and experience they have gained in the service of their country will now be put to good account in civilian practice. A warm welcome awaits them in Miami as they renew fellowship with their colleagues and strengthen organized medicine of the state by their presence and participation in the meeting.

To the young physicians among its members —now some twenty-five in number—who yet remain in military service, the Association likewise pays tribute. It is proud of their record and the service they are rendering as they care for the sick and the wounded in the peacetime army and in the armies of occupation in Germany and Japan.

H. L. P.

CLOSING OF UNRRA HEALTH DIVISION

The closing of the Health Division of the United Nations Relief and Rehabilitation Administration on March 31, 1947, brought to an end the activities of the largest international health organization the world has yet known after more than three years of ceaseless effort which resulted in untold benefit to suffering millions in war-torn countries. Through this division UNRRA rendered invaluable assistance to thirteen liberated countries in the rebuilding of their health departments and also gave medical and sanitation services to over a million men, women and children in the camps for displaced persons in the Middle East, Germany, Austria and Italy. To accomplish this task it was necessary to recruit from thirty-five countries an international health staff of approximately twelve hundred physicians, nurses, sanitary engineers, epidemiologists, nutritionists and experts in medical supplies and hospital equipment.

That Europe, after the most widespread and devastating war in history, has suffered no major epidemic in more than a year and a half since it ended, is a tribute to this organization that needs no comment. It is a record that far exceeds the one made following the last war, despite displacements of population many times as great.

Various phases of the activities of the Health Division have been transferred to the Interim Commission of the World Health Organization. These include such health functions of UNRRA in European countries and Ethiopia as malaria and tuberculosis control and the training of health personnel through fellowships and teaching. The UNRRA Displaced Persons Division will carry on the work among displaced persons in Europe and the Middle East until such time as the International Refugee Organization of United Nations takes over the whole displaced persons program. The health program for China has also been transferred.

The activities of the Health Division have demonstrated the ability of nations to work together and have made the postwar world a better world for millions who might otherwise have perished. To enable the Interim Commission to continue some of the health work pending the full establishment of the World Health Organization, UNRRA has allotted to the Commission one and one-half million dollars.

H. L. P.

REFER TO PAGE 571

FOR COMPLETE PROGRAM

MIAMI CONVENTION,

APRIL 20-23

THE TECHNICAL EXHIBIT

One feature that always adds materially to the success of the annual meeting is the technical exhibit. Every firm represented in the display features products of particular interest to the physician. Make a special effort to visit each booth at some time during the convention.

A. S. ALOE COMPANY — 45

The A. S. Aloe Company of St. Louis, Mo., will exhibit a complete line of physicians' equipment, including items of interest to the physician in general practice.

AMERICAN OPTICAL COMPANY — 25-26

American Optical Company cordially invites you to visit its exhibit located in booths 25 and 26 at the Municipal Auditorium during the Florida Medical Association Convention. Ophthalmological and scientific instruments especially designed for physicians, including the new HB Meter for hemoglobin determination, will be on display.

H. B. Nichelson and E. B. Lamb of the Atlanta office; James Vaughn, Tampa Zone Manager, and H. T. Sait, Miami Branch Manager, will be in attendance at this American Optical Company exhibit.

BARD-PARKER COMPANY, INC. — 36

The Bard-Parker Company will exhibit the following products: Bard-Parker RIB-BACK surgical knife blades; surgical knife handles, including long handles for deep surgery; laboratory handles and hysterectomy and eye handles; Bard-Parker Germicide, a sporicidal solution; instrument sterilizing containers; Chlorophenyl, an ideal office instrument disinfectant; hematological cases for obtaining bedside blood samples, and pipettes.

THE BORDEN COMPANY — 51

The Borden Company invites atention to GERILAC, a vitamin-fortified powdered milk for well rounded nutrition in convalescence, preoperative and postoperative diets, geriatrics, pregnancy and lactation, and soft and liquid diets. Likewise exhibited will be the following long established products for infant feeding: BIOLAC, DRYCO, MULL-SOY, MERRELL-SOULE SPECIAL MILKS, general purpose KLIM, and BETA LACTOSE.

CAMEL CIGARETTES — 38

CAMEL Cigarettes will present a dramatic full color review of their recent medical research on smoking, as well as the details of the nationwide survey showing that "More Doctors Smoke Camels Than Any Other Cigarette." Another panel will illustrate the absorption of nicotine in the respiratory tract. Representatives will be present.

CIBA PHARMACEUTICAL PRODUCTS, INC. — 29

Visit the Ciba exhibit for the latest information on PYRIBENZAMINE, the new antihistaminic compound; PRIVINE HCl, an effective, long-lasting nasal vasoconstrictor; and METANDREN Linguets, the most potent orally active androgenic hormone available in suitable form for sublingual absorption. For literature and samples see the representative in attendance.

THE COCA-COLA COMPANY — 14

Coca-Cola will be served to members and their guests with the compliments of the Coca-Cola Company.

CUTTER LABORATORIES — 63

The Cutter Laboratories will display many products of particular interest to visiting physicians. Do not fail to visit this booth.

H. G. FISCHER & CO. — 31

Visitors to the Annual Meeting of the Florida Medical Associatiotn are cordially invited to visit the FISCHER Display Booth and to inspect the new units of FISCHER apparatus to be shown. FISCHER apparatus is characterized by precision design and convenient, efficient operation. FISCHER representatives will be present at all hours to answer questions and to demonstrate outstanding features of FISCHER equipment.

C. B. FLEET COMPANY, INC. — 30

Phospho-Soda (Fleet), the pure, stable aqueous concentrate of the two U.S.P. Sodium Phosphates has been detailed to the medical profession for more than fifty years. Mr. W. E. Avery, representing the C. B. Fleet Company, will welcome the opportunity of discussing its application in hepatic and gallbladder dysfunction and in conditions requiring a saline laxative.

GENERAL ELECTRIC X-RAY CORP. — 47-48

The General Electric X-Ray Corporation will have an interesting exhibit of equipment and supplies. The exhibit will be attended by Mr. H. Spitz of Atlanta and his associates. They will be pleased to discuss these products and cordially invite all members and guests to visit their exhibit.

HOLLAND-RANTOS COMPANY, INC. — 34

Physicians are cordially invited to visit the Holland-Rantos Booth where there will be on display the nationally known and universally used Koromex contraceptive specialties. Besides the Koromex Set Complete, which is a package combining the necessary items for complete contraceptive technique, there will be the new Nylmerate Jelly, introduced only a short time ago and received enthusiastically for the treatment of trichomoniasis and vaginal discharges of nonspecific origin. Representatives of the company will be on hand to answer all questions. Samples of Nylmerate Jelly and Koromex Jelly will be available, as will copies of the new physician's patient instruction chart.

KELEKET X-RAY COMPANY OF FLORIDA — 1

The Keleket X-Ray Company of Florida invites all of its friends and members of the Florida Medical Association to visit its booth. Mr. H. P. Heether of Miami and his associates will be glad to demonstrate without obligation.

LEDERLE LABORATORIES — 59

Doctors are cordially invited to visit the Lederle display of ethical products. Featured products will include Folic Acid preparations — Folvite, Liver Extract with Folvite, and Iron with Folvite (Folvron), an effective therapeutic vitamin formula (Perfolin), and a completely balanced Amino Acid product (Ledinac). Representatives of the company, Messrs. Shetterly and Piercy, will be pleased to serve all visitors.

ELI LILLY AND COMPANY — 56

The Lilly exhibit this year features an interesting presentation on the heart and a discussion on cardiac drugs. Many Lilly products are to be on display; representative literature will be available. The attending Lilly medical service representatives will be pleased to assist visiting physicians whenever posible.

J. B. Lippincott Company — 40

The J. B. Lippincott Company will exhibit publications of unusual interest. All doctors are urged to visit this booth and receive the latest information on new publications as well as old.

The Maico Company, Inc. — 18

MAICO will display the unique Stethetron, which for the first time applies in a small compact size the tremendous power of the midget electron tube detection and amplification of heart and chest sounds. This instrument can increase the intensity of the faint heart sounds up to one million times and permits selectivity in focusing this amplification on particular frequency or tone area where different heart sounds lie. It will be effectively demonstrated by recorded collections of a wide variation of heart conditions showing how these may be most easily heard and diagnosed.

In addition, MAICO will display a number of other electronic devices including the A. M. A. accepted Audiometer and the tiny sensational 7 ounce electronic Maico Atomeer for compensation of defective hearing.

J. A. Majors Company — 55

W. B. Saunders Company, represented in the South by J. A. Majors Company, will occupy booth 55. This publishing house will exhibit its complete line of books.

Mead Johnson & Company — 57-58

"Servamus Fidem" means We are Keeping the Faith. Almost every physician thinks of Mead Johnson & Company as the maker of Dextri-Maltose, Pablum, Oleum Percomorphum and other infant diet materials, including the new precooked oatmeal cereal, Pabena. But not all physicians are aware of the many helpful services this progressive company offers physicians. A visit to Booths 57 and 58 will be time well spent.

Jim S. Merrihew — 15

Equipment in this booth will be displayed by Mr. Jim S. Merrihew, distributor of Jones Metabolism Equipment Company, Burdick Corporation. All doctors and guests are urged to visit this booth.

The Miami Surgical Company — 12

The Miami Surgical Company was established in 1926, taken over by B. Marian Beals in 1928, and incorporated in 1937. This firm distributes all kinds of hospital and physicians' supplies, as well as laboratory equipment.

M & R Dietetic Laboratories, Inc. — 62

M & R Dietetic Laboratories, Inc., will display Similac, a food for infants deprived either partially or entirely of breast milk. Mr. E. E. Rader will appreciate the opportunity to discuss its merit and suggested application for both the normal and special feeding cases.

Nestle's Milk Products, Inc. — 7

The exhibit of Nestle's Milk Products, Inc., features Lactogen and Dextrogen, which have been used extensively in infant feeding throughout Florida for many years.

Parke, Davis & Company — 49

Representatives of PARKE, DAVIS & COMPANY, well informed concerning progress in Pharmaceutical Research and desirous of presenting new advancements to physicians, will be in attendance at its Technical Exhibit to discuss the nature and employment of new and present products. Displayed will be such outstanding products as THEELIN, MAPHARSEN, and ADRENALIN PREPARATIONS. The latest type of BIOLOGICALS will be on display. Likewise, PENICILLIN and other therapeutic agents of antibiotic, biological and chemotherapeutic interest will be shown. Visitors are cordially invited to see this Exhibit.

Pet Milk Sales Corporation — 64

A complete display of material illustrating the time-saving Pet Milk Services available to physicians will be offered. Specially trained representatives will be in attendance to give information about the production of Pet Milk and its use for infant feeding.

Philip Morris & Company — 27

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject and problems on the physiological effects of smoking.

Schering Corporation — 22

The results of major scientific research and based upon objective clinical observations, the products of Schering Corporation, Bloomfield, N. J., are displayed together with charts and graphic material designed to assist the practicing physician.

G. D. Searle & Co. — 46

A number of products of Searle Research which have contributed greatly to the armamentarium of the physician will be on display in the Searle Booth. They include Searle Aminophyllin, Metamucil, Ketochol, Floraquin, Diodoquin, Pavatrine, Pavatrine with Phenobarbital, Gonadophysin and Tetrathione. Featured will be the new Aminophyllin Supposicones, the Searle brand of Aminophyllin Suppositories, which remain stable at temperatures up to 130 F., but which liquefy readily under conditions of use.

Sharp & Dohme, Inc. — 32

Sharp & Dohme extends a cordial welcome to all visitors. New antibiotic preparations including Prothricin, nasal decongestant, and Tyroderm, tyrothricin cream, are being featured along with Sulfathalidine and Sulfasuxidine, intestinal bacteriostatic agents. Lyocyte Powder, dried human blood cells and Lyovac Normal Human Plasma complete the items on exhibit.

Southeastern Optical Company — 52

The Southeastern Optical Company is proud of its affiliation with the Bausch & Lomb organization, which has continued to lead the entire ophthalmic industry in official recognition of production achievement.

Spencer, Incorporated — 23

SPENCER, INCORPORATED, cordially invites inspection of its exhibit showing individually designed supports for the abdomen, back and breasts. Featured in the display wil be a new support for men, the SPENCER-FLEX. In addition, there will be models of breast forms for patients who have undergone mastectomy.

E. R. SQUIBB & SONS — 53

A technical exhibit intended to further the conservation and more effective use of penicillin. Many well known products will be on display, and all visiting doctors are requested to visit this booth.

SURGICAL EQUIPMENT COMPANY — 24

The Surgical Equipment Company of Miami is happy to greet the physicians of the Florida Medical Association at this second postwar meeting. Now that the essential equipment and supplies used by the medical profession are again becoming available, the company will have a number of interesting items to display at its exhibit. Representatives of the firm are loking forward to renewing their acquaintance with all of their professional friends in Southeastern Florida, which is the area serviced by the Surgical Equipment Company.

SURGICAL SUPPLY COMPANY — 56-66

Hamilton Furniture, Castle Lights, Sterilizers, Physicians' Bags, Stille Instruments, Microscopes, an assortment of Diagnostic Instruments and such other items as are of interest to physicians in their office practice will be displayed by the Surgical Supply Company. Physicians are cordially invited to visit its booths.

TABLEROCK LABORATORIES — 35

The Tablerock Laboratories exhibit will be located in booth 35. All doctors and guests are requested to visit this booth.

BYRON THOMPSON AND COMPANY — 42-43-44

Byron Thompson and Company of Jacksonville and Orlando and its subsidiary, Medical Supply Company of Miami, will display the latest in motor driven examining and treatment tables. This exhibit will also include the latest in x-ray diagnostic equipment, sterilizing and treatment equipment, and instruments.

WALKER VITAMIN PRODCTS, INC. — 33

All of the latest developments in vitamin therapy will be presented at this booth. Qualified representatives will be prepared to supply the latest information pertaining to specific vitamin therapy.

WINTHROP CHEMICAL COMPANY, INC. — 16

WINTHROP CHEMICAL COMPANY, INC., extends a cordial invitation to visit its booth, where representatives will be on hand to discuss the latest therapeutic contributions made by this firm. Featured will be Aralen, new colorless antimalarial specific; Demerol, analgesic, spasmolytic and sedative, and Creamalin, nonalkaline antacid.

STATE NEWS ITEMS

From over the entire nation members of five important organizations engaged in industrial health work will gather for a conclave of combined professional personnel at the Hotel Statler, Buffalo, N. Y., April 26 through May 4, 1947. At that time there will take place the thirty-second annual meeting of the American Association of Industrial Physicians and Surgeons, the ninth annual gathering of the American Conference of Governmental Industrial Hygienists, the eighth annual meeting of the American Industrial Hygiene Association, the fifth annual conference of the American Association of Industrial Nurses, and the fourth annual meeting of the American Association of Industrial Dentists.

Dr. Edward C. Holmblad, Managing Director of the American Association of Industrial Physicians and Surgeons, 28 E. Jackson Blvd., Chicago 4, Ill., will be pleased to supply further information and a copy of the preliminary program.

Dr. Wesley W. Wilson of Tampa announces the removal of his offices to his prewar address, Citizens Building. Dr. Wilson will limit his practice to dermatology and syphilology.

Circuit Judge Bryan Simpson of Jacksonville signed an order on Jan. 16, 1947, at Tampa, dissolving the charter of the corporation of that city known as Southern University and enjoined J. L. Avellanal, self-styled chancellor of the "diploma mill," and fourteen other defendants from issuing additional honorary degrees. This order halts far-flung activities of this group, who admitted they had issued degrees of almost every kind and description to men from Florida to California and points outside the United States.

Hillsborough County Solicitor Cobbey, who, with Attorney General Watson, brought suit last year to dissolve the charter of the university, expressed the hope that the successful termination of the case would end the illegal practice of medicine of which some holders of degrees from this source had been convicted in other courts. Trustees admitted during the trial that a number of degrees of Doctor of Medicine had been granted.

Avellanal was reported to have filed an appeal of Judge Simpson's order before the Florida Supreme Court.

May 1st, 1947 is the deadline for entering the $34,000 prize art contest on the special subject of "Courage and Devotion Beyond the Call of Duty" (on the part of physicians in war and in peace). This contest is open to all M.D.'s in the

WANTED—EENT specialist in one of Florida's loveliest towns wishes associate to take over ear, nose, throat department. (69-8. P. O. Box 1018, Jacksonville, Fla.)

FOR SALE: One General Electric Portable Model B Electrocardiograph with cabinet and canvas case. Perfect working condition. Price $375.00. For further information write P. O. Box 487, Tallahassee, Fla.

APRIL 1 2 3 4 5 · 6 7 8 14 15 16 17 18 19 · 20 21 22 23 24 25 26 · 27 28 29 30



MAY 1 2 3 · 4 5 6 7 8 9 10 · 11 12 13 20 21 22 23 24 · 25 26 27 28 29 30 31



JUNE 1 2 3 4 5 6 7 · 8 9 10 11 12 13 14 · 15 16 17 24 25 26 27 28 · 29 30



IN CONSTIPATION OF PREGNANCY . . .

"SMOOTHAGE" MANAGEMENT

Pressure on the pelvic bowel by the enlarged uterus and impaired abdominal muscle tone account, to a great extent, for the high incidence of constipation in pregnancy.

Smooth, gentle, normal evacuation—the desired action in pregnancy constipation management—is afforded by the "smoothage" of Metamucil.

By providing soft, plastic, water-retaining bulk, Metamucil promotes normal, easy peristaltic movement.

Metamucil is the highly refined mucilloid of Plantago ovata (50%), a seed of the psyllium group, combined with dextrose (50%), as a dispersing agent.

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G. D. Searle & Co., Chicago 80, Illinois.

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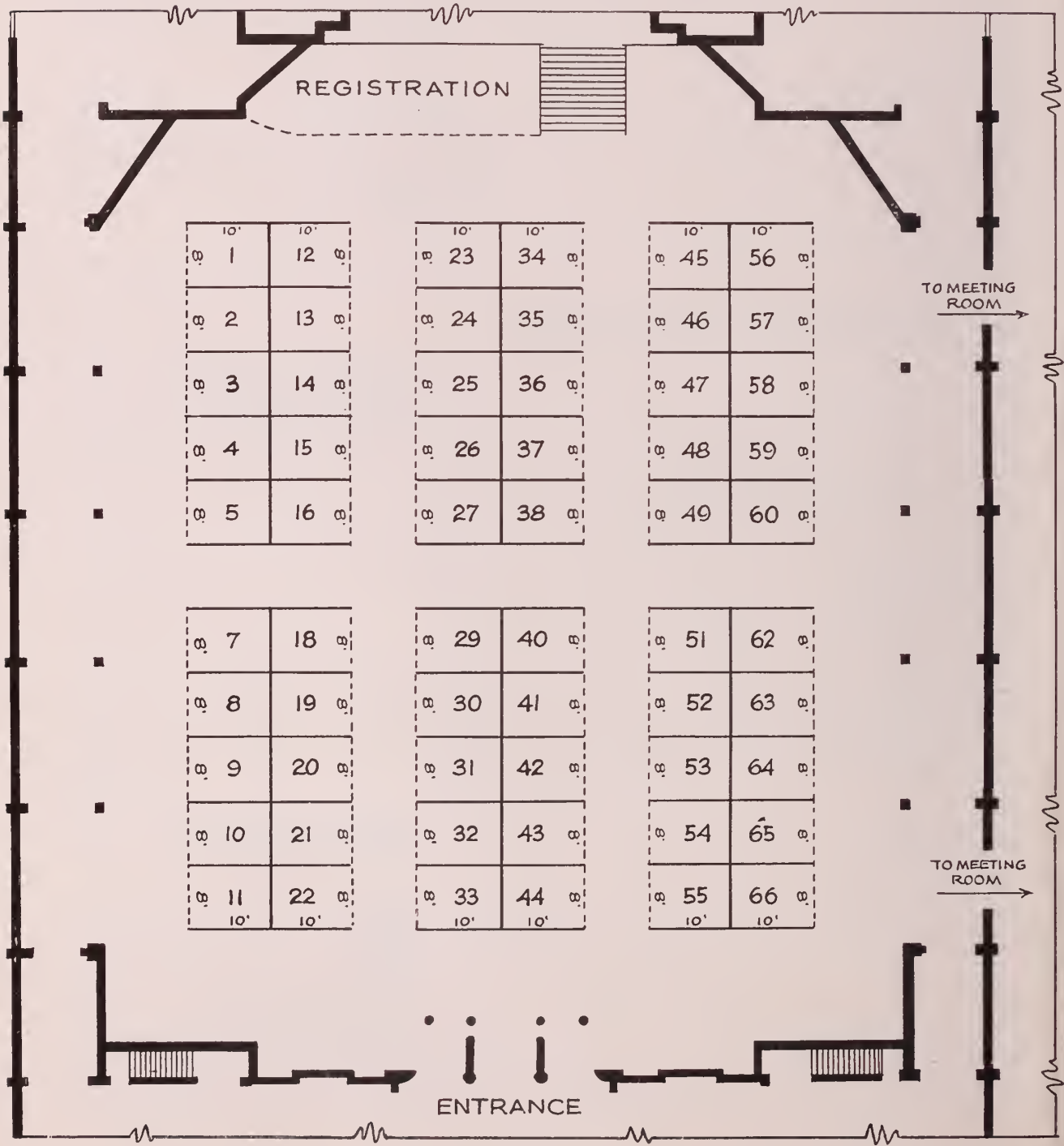
RESEARCH
IN THE SERVICE OF MEDICINE

Florida Medical Association

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ANNUAL MEETING AT MIAMI, APRIL 20, 21, 22, 23, 1947

GENERAL HEADQUARTERS — MUNICIPAL AUDITORIUM
BAYFRONT PARK ON BISCAYNE BOULEVARD





"14 Days to 14 Years"

When should rickets prophylaxis begin, and how long should it be continued? Let's look at the cold figures and the recommendations of leading investigators (*over*)

"14 Days to 14 Years"



The Cold Figures

. . . clinical rickets in 37% of 9-months-and-less infants.[1]

. . . signs of rickets in 90% of a group of pre-school children.[2]

. . . histologic evidence of rickets in 46.5% of a group aged 2 to 14, with a peak of 62% in the 10 to 11 year group.[3]

. . . dental cavities twice as frequent in 5 to 15-year old children not on vitamin D as in those receiving it.[4]

The Recommendations

. . . "by the tenth or twelfth day of life, vitamin D in a concentrated form . . . should be started."[5]

. . . administer vitamin D prophylaxis "... from the second week . . . until maturity . . . "[6]

. . . "the addition of vitamin D to the diet is just as important for older children . . . "[7]

The standard by which the biologic activity of all antirachitic agents is evaluated is cod liver oil. White's Cod Liver Oil Concentrate provides the Natural vitamins A and D of time-proved cod liver oil itself, in three palatable, stable, convenient dosage forms well suited for adequate protective administration from 14 days to at least 14 years.

1. Levy, J. and Silver, H. B.: Arch. Ped., 56:96-105 (Feb.) 1939.

2. Moore, C. U.; Brodie, J. L.; Thornton, A. J.; Lesem, A. M.; Cordua, O. B.: Am. J. Dis. Child., 54:1227-1228 (Dec.) 1937.

3. Follis, R. H., Jr.; Jackson, D.; Eliot, M. M.; Park, E. A.: Am. J. Dis. Child., 66:1-11 (July) 1943.

4. Brown, A. and Robertson, E. C.: Can. Med. J., 48:297-302 (April) 1943.

5. Anderson, N. A.: Pennsylvania M. J., 48:566-568 (Mar.) 1945.

6. Kugelmass, E. N.: Newer Nutrition in Pediatric Practice, pp. 651-653, Lippincott, Philadelphia, 1940.

7. Nutting, R. E.: Minn. Med., 26:1039-1044 (Dec.) 1943.

White's

cod liver oil concentrate

Liquid Tablets Capsules

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Ethically promoted. Council accepted.
White Laboratories, Inc.,
Pharmaceutical Manufacturers, Newark 7, N. J.

Western Hemisphere. The exhibition will take place in conjunction with the A. M. A. Centennial Session at Atlantic City, June 9-13th, 1947. For complete information, write or wire now to Francis H. Redewill, M. D., Secretary, American Physicians Art Association, Flood Building, San Francisco, California, or to the sponsor, Mead Johnson & Company, Evansville 21, Ind., U. S. A.

First Lieutenant Eugene G. Peek, Jr., M. C. A. U. S., was called into military service July 7, 1946. His address is Vent Hill Farm Station, Warrington, Virginia.

MEDICAL OFFICERS RETURNED

Dr. Neil E. Funk, who entered military service on July 19, 1942, received his discharge on Aug. 14, 1946. His address is Route 2, Batavia, N. Y. He held the rank of Colonel.

Dr. J. Ralph Vallotton, who entered military service on Jan. 2, 1943, received his discharge on June 30, 1946. His address is Box 9, Daytona Beach. He held the rank of Lieutenant Commander.

Dr. David Y. Hicks, Jr., who entered military service June 28, 1941, received his discharge on Jan. 8, 1946. His address is 12 N. Rosalind Avenue, Orlando. He held the rank of Lieutenant Colonel.

MARRIAGES AND DEATHS

MARRIAGES

Dr. J. Webster Merritt and Miss Elise Davis Clark of Jacksonville were married on February 22, 1947.

Dr. Millard Brown White and Miss Mary Elizabeth Snow of Tampa were married on Dec. 26, 1946.

Dr. Linus Worth Hewit and Miss Thelma Jane Hughey of Tampa were married on Sept. 28, 1946.

DEATHS - MEMBERS

Dr. William G. Doern, Milwaukee—Nov. 3, 1946.
Dr. Clayton E. Royce, Tampa—Feb. 12, 1947.

WILLIAM EWING SINCLAIR

Dr. W. E. Sinclair of Orlando died suddenly of a heart attack on Dec. 29, 1946, while on a fishing trip at Lake Apopka. He was 56 years of age.

Dr. Sinclair was a native of Toronto, Canada, and was educated there. He received the degree of Doctor of Medicine from the Toronto School of Medicine. Soon after graduation he became associated with the Babies Hospital of New York City, and served there under Dr. J. Emmett Holt, the noted baby specialist.

During World War I, Dr. Sinclair served with the Royal Canadian Army.

In 1924, Dr. Sinclair began the practice of medicine in Orlando, where he achieved distinction as a pediatrician. He was a member of the Orange County Medical Society, the Florida Medical Association and the American Medical Association.

Surviving are his widow, Mrs. Rita Sinclair; a son, John Sinclair of Camp Blanding; and a daughter, Mrs. Virginia Stolle of Battle Creek, Mich.

COMPONENT COUNTY SOCIETIES

BAY

At a meeting of the Bay County Medical Society on January 20, the officers for 1947 were elected. They are: Dr. C. W. Shackelford, President; Dr. J. Powell Adams, Vice President; and Dr. William C. Roberts, Secretary-Treasurer. Representing the society in the House of Delegates is Dr. Roberts, and the alternate delegate is Dr. C. H. Daffin.

ESCAMBIA

On Jan. 14, 1947, Capt. Oscar Davis, Commanding Officer, and the Staff of the Hospital at the Naval Air Training Base at Pensacola were hosts to the Escambia County Medical Society and to medical and dental officers from


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I was asked to their final Saturday night supper, when they sang old songs, drank beer and cider, reminisced. Dark Cuppers and blonde ones—Vermont accents and Alabama drawls—doctors and farmers . . . all with their differences of taste and politics, yet as close and harmonious in spirit as a group could be.

From where I sit, it's a great American tradition—not just family reunions, but the ability to get along as one harmonious family, regardless of differences—whether it's taste for politics or farming, beer or cider.

Joe Marsh

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other nearby Army and Navy stations and the Veterans Administration. The guests were entertained at the Mustin Beach Officers' Club. Following an address of welcome by Captain Davis, responses were made by Dr. S. G. Kennedy, President of the Society, and by Capt. William Sinton, Commander of the Naval Air Training Bases, Capt. L. Iverson, Senior Medical Officer, and Capt. Macy G. Martin, Senior Dental Officer.

LEE

The officers elected by the Lee County Medical Society for 1947 are: Dr. A. Louis Girardin, Jr., President; Dr. H. Quillian Jones, Vice President; and Dr. Curtis R. House, Secretary-Treasurer. Dr. Jones was chosen to represent the society in the House of Delegates, and Dr. Joseph Selden was made the alternate delegate.

PINELLAS

On Feb. 6, 1947, the members of the Pinellas County Medical Society were the guests of Dr. Glenn Mullins, Chief Medical Officer, and the Staff of the Bay Pines Veterans Administration Hospital. During ward rounds from 5 to 6:30 p. m., interesting cases were presented by the Medical and Surgical Staffs, and the visiting physicians were given the choice of the rounds they wished to attend.

At 7 p. m. dinner was served at the Veterans Administration Beach House on Madeira Beach. Afterward, following an address of welcome by Dr. Mullins, a conference on clinical pathology was held under the direction of Dr. J. A. Williams, the pathologist at the Facility.

PUTNAM

At a meeting of the Putnam County Medical Society held on January 21, officers for 1947 were elected. Dr. Grover C. Collins was chosen to succeed Dr. Worth Brantley as president, and Dr. Claude M. Knight was named secretary-treasurer to succeed Dr. Bernard E. Cane.

WALTON-OKALOOSA

Dues of the entire membership of the Walton-Okaloosa County Medical Society for 1947 have been paid to the Association. This cooperation is appreciated.

WASHINGTON-HOLMES

All of the members of the Washington-Holmes County Medical Society have paid their dues to the Association for 1947. Congratulations!

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Two Weeks Surgical Anatomy & Clinical Surgery starting April 14, May 12, June 9.
Two Weeks Surgical Pathology every two weeks.

GYNECOLOGY — Two Weeks Intensive Course starting April 14, May 12, June 16.
One Week Course in Vaginal Approach to Pelvic Surgery starting April 7, May 5, June 9.

OBSTETRICS—Two Weeks Intensive Course starting April 28, June 2.

MEDICINE—Two Weeks Intensive Course starting April 7, June 2.
Two Weeks Gastroenterology starting April 21, June 16.
One Month Course Electrocardiography & Heart Disease starting June 16, September 15.

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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami, April 21-23, 1947
Florida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
A-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	
B-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	
C-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	
D-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham, Apr. 15-17, 1947
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
Basic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 31, 1947
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami, April 21, 1947
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June 24-25, 1947
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert A. White, St. Augustine.	Jacksonville, June 19,1947
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
Pediatric Society	Councill C. Rudolph, St. Petersburg	Robert Blessing, Ft. Lauderdale	Miami, 1947
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, May 13-15,1947
Public Health Association	Frank M. Gray, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss., Apr. 10-12, 1947
Southeastern Surgical Congress	Elmer Lee Henderson, Louisville, Ky.	B. T. Beasley, Atlanta	Louisville, Ky., Mar. 10-12, 194

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 961 Panama City	Willima C. Roberts, M.D. 348 Cove Blvd. Panama City		10	1	
A	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	54	46	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
A	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, r., M.D. Marianna	3rd Thursday 7:30 P.M.	14	4	
A	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	7	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Vernon		5	100%	
B	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. Blanche Hotel Annex Lake City	1st Monday 7:30 P.M.	16	10	A-2-47 G. Wilmot Brown, M.D. Tallahassee
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	38	5	
B	Madison-Suwannee	Eustace Long, M.D. Madison	E. D. Thrope, M.D. Madison		9	2	
B	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	162
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. **Gainesville**	Stuart D. Scott, M.D. Gainesville	2nd Wednesday 7:30 P.M.	29	4	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
B	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	208	26	
B	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	30	22	
B	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	2	
B	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	1	
B	St. Johns	G. W. Potter, M.D. 68 Valencia St. St. Augustine	S. R. Cataro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	16	15	
C	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	13	6	B-4-47 C. McK. Tyre, M.D. Eustis
C	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	18	9	
C	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	J. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	119	86	
C	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
C	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	52	38	515
C	Hillsborough	Edward F. Shaw, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	137	14	C-5-47 W. Wardlaw Jones, M.D. Dade City
C	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building **Bradenton**	3rd Tuesday 7:00 P.M.	15	11	
C	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	11	
C	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	133	117	
C	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrell Apts. Sarasota	2nd Tuesday 8:30 P.M.	25	23	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula		20	100%	
C	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Leon Bldg Fort Myers	3rd Tuesday 7:30 P.M.	20	1	C-6-48 James R. Boulware, M.D. Lakeland
C	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	71	4	434
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	85	3	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	2	
D	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. 2421 Boulevard Hollywood	4th Tuesday 8:00 P.M.	60	5	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	388	220	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	8	1	558

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Vol. XXXIII MAY, 1947 No. 11

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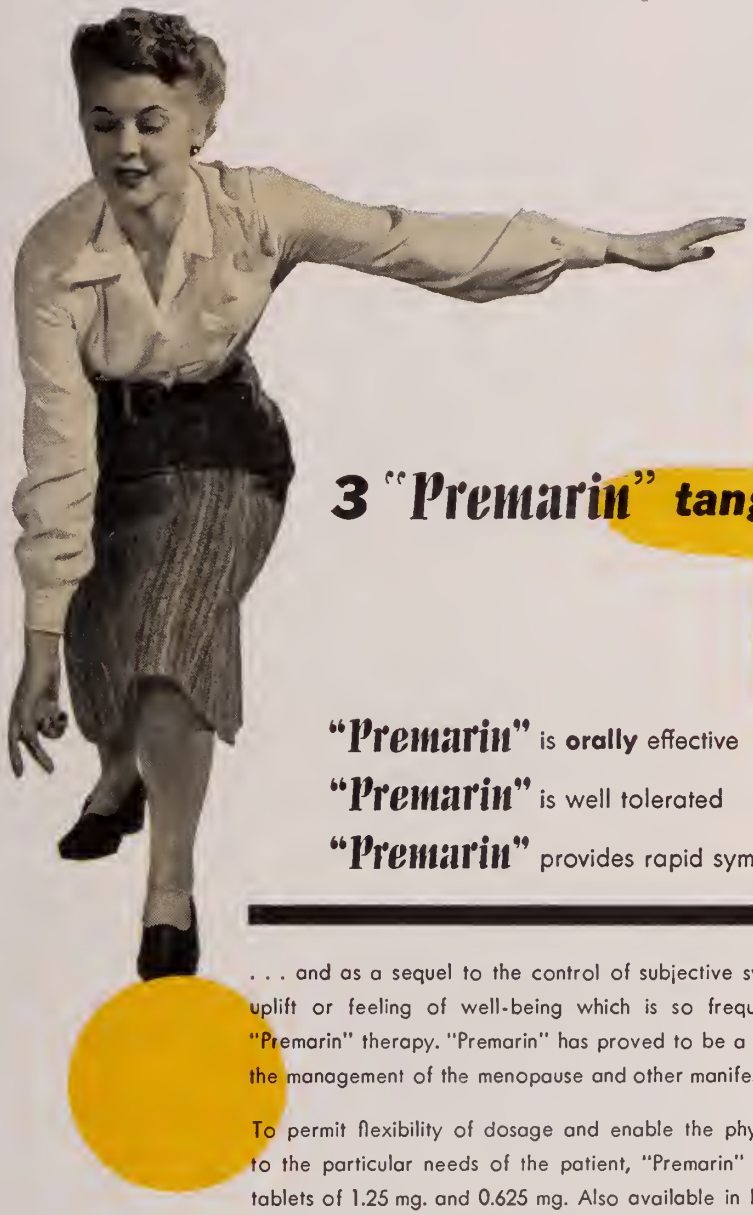
Creamalin, the first aluminum hydroxide gel, readily and safely produces sustained reduction in gastric acidity. With Creamalin there is no compensatory reaction by the gastric mucosa, no acid "rebound," and no risk of alkalosis. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it rapidly relieves gastric pain and heartburn, and helps in the healing of peptic ulcers as well as in the prevention of ulcer recurrence.

Winthrop CHEMICAL COMPANY, INC.
NEW YORK 13, N. Y. ◦ WINDSOR, ONT.

CREAMALIN
Trademark Reg. U. S. Pat. Off. & Canada
The first brand of Aluminum hydroxide gel

Supplied in 8 fl. oz., 12 fl. oz. and 16 fl. oz. bottles.

* Bureau of Health Education, A.M.A. *Hygeia*, 24:352, May, 1946.



3 "Premarin" tangibles . . . plus

"Premarin" is **orally** effective

"Premarin" is well tolerated

"Premarin" provides rapid symptomatic relief

. . . and as a sequel to the control of subjective symptoms, there is the emotional uplift or feeling of well-being which is so frequently reported by patients on "Premarin" therapy. "Premarin" has proved to be a valuable therapeutic medium for the management of the menopause and other manifestations of estrogenic deficiency.

To permit flexibility of dosage and enable the physician to fit estrogenic therapy to the particular needs of the patient, "Premarin" is supplied in two potencies — tablets of 1.25 mg. and 0.625 mg. Also available in liquid form, containing 0.625 mg. in each 4 cc. (1 teaspoonful).

*Although the principal estrogen in "Premarin" is sodium estrone sulfate, it also contains other equine estrogens . . . estradial, equilin, equilenin, hippulin . . . which are also present as water soluble sulfates. The water solubility of conjugated estrogens (equine) ossures rapid obsorption from the gastrointestinal tract.

Ayerst

CONJUGATED ESTROGENS (equine)

"Premarin"®*

AYERST, McKENNA & HARRISON Limited

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WALKER

100 TABLETS
ASCORBIC ACID
(VITAMIN C)
100 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Ascorbic Acid deficiencies.
VITAMIN PRODUCTS, INC.
MOUNT VERNON, NEW YORK

100 CAPSULES
WALKER'S
HEXAVITAMIN
(U.S.P.)
PER CAPSULE
Vitamin A 2500 U.S.P. Units
Vitamin D 200 U.S.P. Units
Thiamine 1 Mg.
Riboflavin 1.5 Mg.
Ascorbic Acid 37 Mg.
Niacinamide 10 Mg.
DOSE: To be determined by physician in needs of the
M.D.R. = Minimum
VITAMIN PI
Mount Ver

100 TABLETS
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50 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Ascorbic Acid deficiencies.
OODUCTS, INC.
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60 cc
WALKER'S
CONCENTRATED OLEO VITAMIN
A-D DROPS
DAILY DOSAGE
Each GRAM contains
VITAMIN A (Fish Liver Oils) 62,500 U.S.P. UNITS
VITAMIN D (Irradiated Ergosterol) 10,000 U.S.P. UNITS
INFANT 3 Drops
CHILD 6 Drops
ADULT 9 Drops
Above dosage supplies following % Minimum daily requirement
400% 400% 400%
250% 500% 600%
Place on tongue or mix with fruit juices or food
Dropper furnished delivers approximately 30 drops per cc. Each drop contains not less than 2000 U.S.P. units Vitamin A and 333 U.S.P. units Vitamin D
A solution of distilled Vitamin A Ester concentrate with activated ergosterol in corn oil, flavored with cinnamon.
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100 TABLETS
NIACINAMIDE
(NICOTINAMIDE)
50 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacinamide deficiencies.
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CONFIDENCE

The hallmark of Walker manufacture is its uncompromising emphasis on quality. Rigid controls at every stage of production, from raw materials to the finished products, insure their dependability. Physicians know that Walker vitamin products can be prescribed with confidence.

Walker
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NIACIN
(NICOTINIC ACID)
100 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacin deficiencies.
WALKER VITAMIN PRODUCTS,
MOUNT VERNON, NEW Y

15 cc
WALKER'S
SOLUTION THIAMINE HYDROCHLORIDE
STABILIZED AQUEOUS SOLUTION
Per CC.
THIAMINE HYDROCHLORIDE (B_1) 5 Mg.
DOSAGE: % M.D.R.
INFANT - - - - 3 Drops 400%
CHILD 1-6 Yrs. - 6 Drops 400%
CHILD 6-12 Yrs. - 9 Drops 400%
ADULT - - - - - 12 Drops 400%
MORE AS DIRECTED BY PHYSICIAN
M.D.R. = Minimum Daily Requirement
DROPS MAY BE ADDED TO MILK, FRUIT JUICES OR FOOD
DROPPER SUPPLIED DELIVERS APPROX. 13 DROPS PER CC.
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100 TABLETS
RIBOFLAVI
5 MG.
Dose 1 daily or as prescribed by physician.
For use in the treatment of Riboflavin deficiencies.
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THIAMINE HYDROCHLORIDE
(VITAMIN B_1)
10 MG.
Caution
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MOUNT VERNON, NEW YORK

100 TABLETS
NIACIN
(NICOTINIC ACID)
50 MG.
To be used only by, or on prescription of physician.
For use in the treatment of Niacin deficiencies.
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pyribenzamine

PYRIBENZAMINE, the new Ciba antihistaminic and anti-allergic, is proving highly useful in relieving the symptoms of a wide range of allergies. Medical reports in impressive numbers show favorable clinical results in urticaria, seasonal and non-seasonal rhinitis, pruritus, and other allergic manifestations. For practical purposes Pyribenzamine can be regarded as giving a comparatively low frequency and intensity of side reactions. This permits tolerance of larger doses and enables the physician to obtain results where smaller doses are not effective.*

*Feinberg, S. M.: J.A.M.A., 132: 702 (Nov. 23) 1946.

PYRIBENZAMINE (brand of tripelennamine) Trade Mark Reg. U. S. Pat. Off.

CIBA PHARMACEUTICAL PRODUCTS, INC.

SUMMIT, NEW JERSEY

* whenever antihistaminics are indicated

PYRIBENZAMINE

now readily available

You can now prescribe Pyribenzamine with the assurance that your prescriptions will be promptly filled.

● In its comparatively low frequency of side reactions, permitting larger doses where needed, Pyribenzamine offers important therapeutic advantages whenever antihistaminic medication is indicated. This new product of Ciba research is characterized by its capacity to counteract many of the effects of histamine. It prevents and controls certain allergic manifestations believed to be caused wholly or in part by release of histamine. Its action is palliative, not curative.

In the suggested list of indications below, Pyribenzamine has been used advantageously by many clinical investigators.

Detailed information ond somples of Pyribenzamine can be obtained by writing the Professionol Service Division.

- Chronic Urticaria
- Acute Urticaria
- Dermographism
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- Asthma
- Urticarial Food and Drug Reactions



ATOPIC DERMATITIS
Flexural eczemo. Pyribenzomine relieves itching in acute and chronic eczemotoid reoctions in o substantiol number of coses.



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Pyribenzomine is highly effective in control of itching. Eighty-five to ninety-five per cent of potients experience relief.

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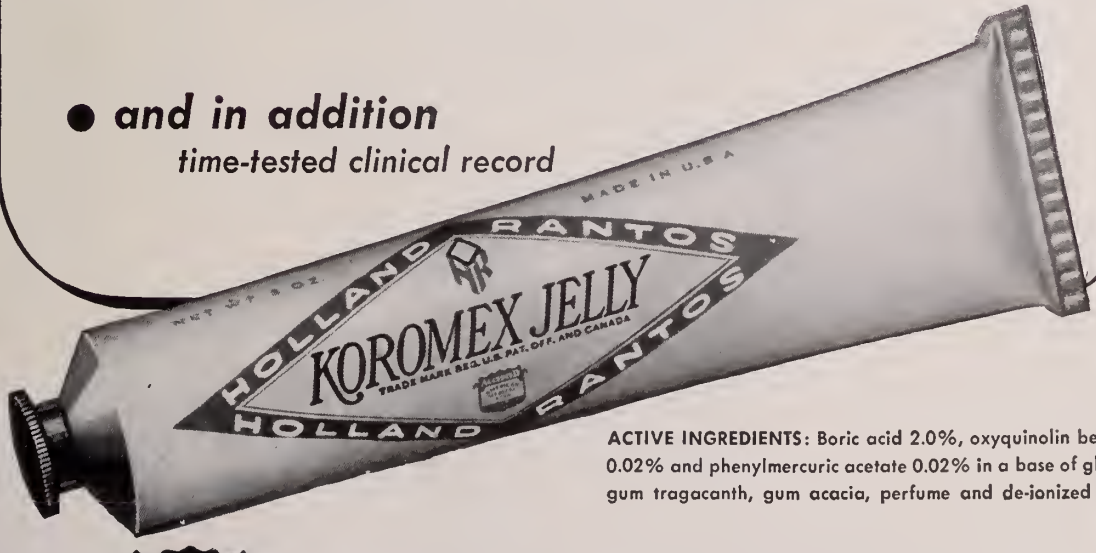
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SUMMIT, NEW JERSEY

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tests prove

KOROMEX JELLY

- **Fastest Spermicidal Time**
 measurable under Brown and Gamble technique
- **Proper Viscosity**
 for cervical occlusion
- **Stable Over Long Period of Time**
 pH consistent with that of the normal vagina
- ***and in addition***
 time-tested clinical record



ACTIVE INGREDIENTS: Boric acid 2.0%, oxyquinolin benzoate 0.02% and phenylmercuric acetate 0.02% in a base of glycerin, gum tragacanth, gum acacia, perfume and de-ionized water.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Prescribe Koromex Jelly with Confidence

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HOLLAND-RANTOS COMPANY, INC., 551 FIFTH AVENUE, NEW YORK 17, N. Y.



Nourishment

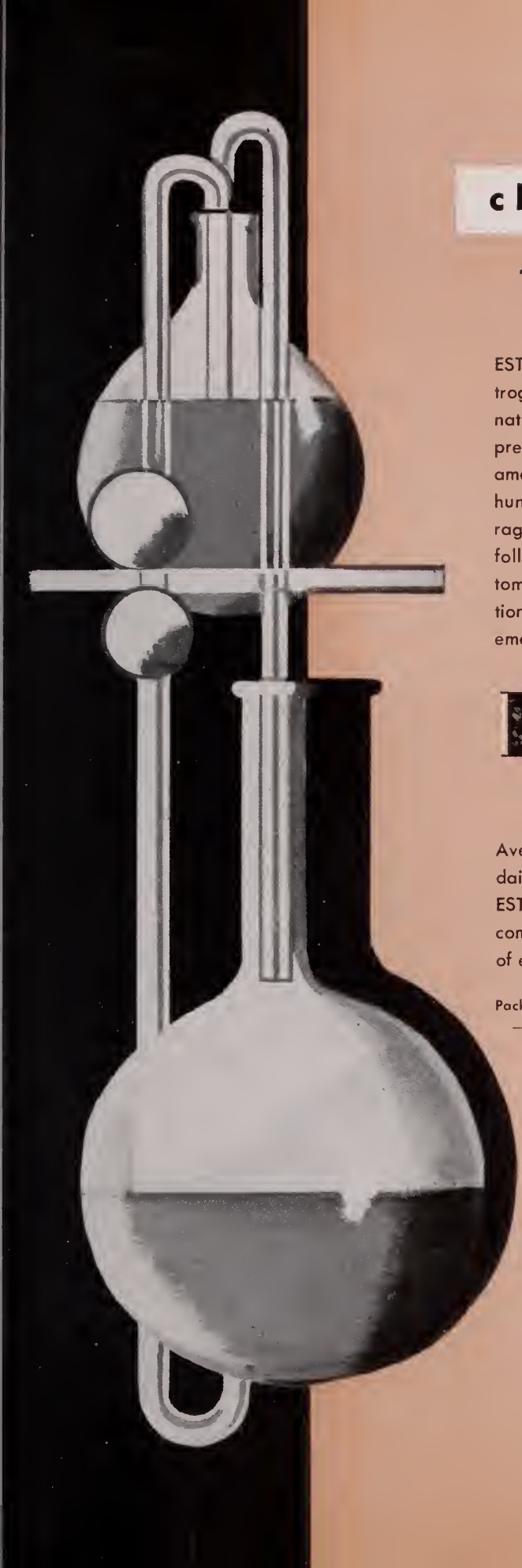
AS THEY
LIKE IT BEST



Yes, the nutrients in Sealtest Ice Cream—vitamins, minerals and protein—are among the finest in Nature's store. In addition to these, which include Vitamin A and calcium, it contains 10 important Amino Acids.

Southern Dairies
Sealtest
ICE CREAM
THE MEASURE OF QUALITY

Tune in the Sealtest Village Store, starring Jack Haley, Thursday Evenings, NBC



chemically similar to natural estrogens

ESTINYL (ethinyl estradiol) is "chemically similar to natural estrogen."[1] It is more active orally than any other synthetic or natural estrogen known today. ESTINYL is the first estradiol preparation that is efficacious by mouth in really minute amounts. It provides the economy inherent in low dosage. Five-hundredths of a milligram daily is sufficient to relieve the average menopausal patient. ESTINYL, closely allied to the primary follicular hormone, does more than mitigate vasomotor symptoms. ESTINYL quickly relieves the common nervous manifestations and bodily fatigue, and replaces them with a sense of emotional and physical fitness.

ESTINYL

tablets

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Average menopausal symptoms: One 0.05 mg. ESTINYL Tablet daily. Severe menopausal symptoms: Two or three 0.05 mg. ESTINYL Tablets daily. Many patients may be maintained in comfort with 0.02 mg. ESTINYL Tablet daily after initial control of estrogen deficiency.

Packaging: ESTINYL TABLETS of 0.05 mg.—pink, coated tablets and 0.02 mg.—buff, coated tablets, bottles of 100, 250 and 1,000.

1. Bickers, W.: Am. J. Obst. & Gynec. 51:100, 1946.

Trade-Mark ESTINYL—Reg. U.S. Pat. Off.

Schering CORPORATION
BLOOMFIELD, N. J.

SCHERING

Visit the SCHERING display at the
A.M.A. Convention, June 9-13—Booth I-16
Atlantic City Auditorium

When Nitrogen Balance Must Be Restored

In the correction of protein insufficiency, or in the maintenance of nitrogen balance, accumulating evidence substantiates the dictum that hydrolyzed protein substances should be employed *only* when oral feeding of protein foods is impossible or not feasible.

It has been shown experimentally[1] when hydrolysates of protein are injected at two different rates (1.0 and 1.5 mg. of nitrogen per Kg. of body weight per minute), the more rapid injection rate results in a higher excretion of both free amino acids and peptides. The authors ventured that even in the presence of a definite demand for protein replenishment, nitrogen excretion is mainly controlled by the kidney threshold.

In a recent survey, Ravdin[2] stated that "When oral feeding is used, whole foodstuffs should be given. There is no beneficence in feeding protein hydrolysates unless there is evidence of faulty digestion. Feeding of mixtures of polypeptides and amino acids may result in an absorption rate of amino acids which is more rapid than can be resynthesized by the liver, especially when the function of this organ is not normal."

When protein foods are ingested, the contained amino acids are released slowly and in a sustained manner during the course of the digestive processes. The absorptive capacity of the intestinal mucosa is not overtaxed, and maximal amino acid utilization is made possible without urinary loss.

As a source of protein, meat ranks high among the foods of man. It is 96 to 98 per cent digestible, and its protein is biologically adequate, capable of satisfying every protein need of the organism.

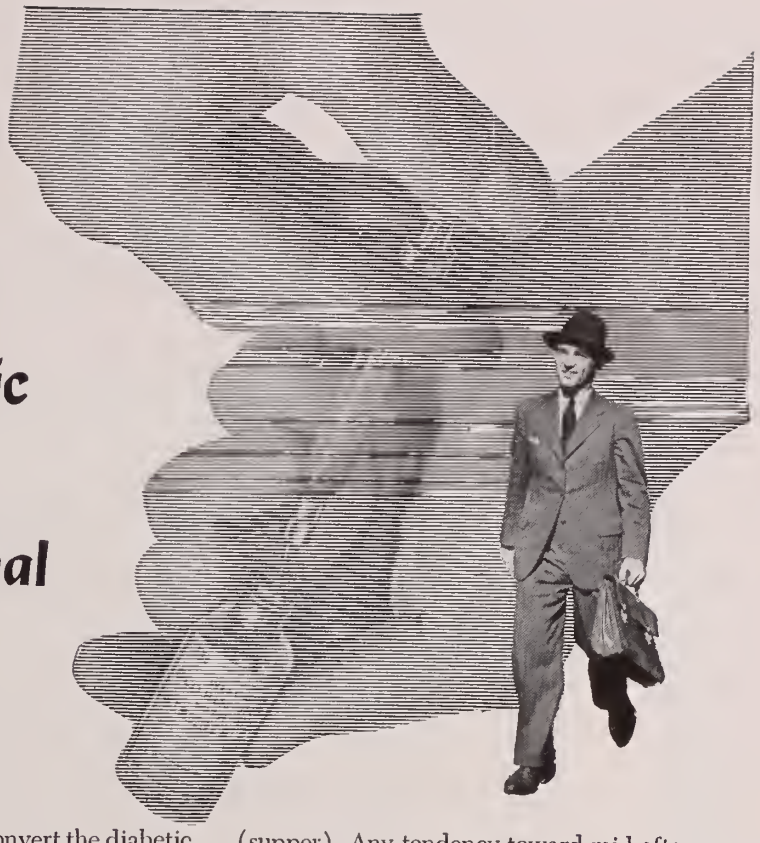
1. Editorial: J.Am.Dietet.A., *22*:1063 (Dec.) 1946.
2. Ravdin, I.S.: Some Problems of Protein Deficiency, Connecticut M.J., *11*:7 (Jan.) 1947.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES



to convert the diabetic into a more normal person

"The ideal in therapy...is to convert the diabetic into a normal person."[1] While certain restrictions must always be imposed, many patients can be controlled through diet alone so as to dislocate their normal habits as little as possible. In those cases where insulin therapy is also required, control may often be attained with but *one daily injection* of 'Wellcome' Globin Insulin with Zinc. Its intermediate action is adaptable to the needs of most mild and many moderately severe cases and adequate control can usually be achieved in three clear-cut steps:

1. *Stabilize the patient* as well as possible on a diet of the desired caloric content. Give a single dose of 15 or 20 units of 'Wellcome' Globin Insulin 30 minutes or more before breakfast.

2. *Adjustment to 24-hour control:* Gradually adjust the Globin Insulin dosage to provide 24-hour control as evidenced by a fasting blood sugar level of less than 150 mgm. or sugar-free urine in the fasting sample.

3. *Adjustment of diet:* Simultaneously adjust the carbohydrate distribution of the diet to balance insulin activity. Initially this may be 2/10 (breakfast), 4/10 (lunch), and 4/10 (supper). Any tendency toward mid-afternoon hypoglycemia may usually be offset by giving 10 to 20 grams of carbohydrate between 3 and 4 p.m. The final adjustment of carbohydrate distribution may be based on fractional urinalyses.

Systematic attention to these details will make possible adequate control of most mild and many moderately severe cases of diabetes with a *single daily injection of 'Wellcome' Globin Insulin with Zinc.*

'Wellcome' Globin Insulin with Zinc is a clear solution, comparable to regular insulin in its freedom from allergenic properties. Available in 40 and 80 units per cc., vials of 10 cc. Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in The Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198. LITERATURE ON REQUEST.

'Wellcome' Trademark Registered

1. Bauman, L.: Bull. New Eng. M. Center 5:17 (Feb.) 1943.

'WELLCOME' Globin Insulin WITH ZINC

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 EAST 41ST STREET, NEW YORK 17, N.Y.

INTERESTED IN CIGARETTE ADVERTISING?

Claims, words, clever advertising slogans do sell plenty of products. But obviously they do not change the product itself.

That PHILIP MORRIS are less irritating to the nose and throat is not merely a claim. It is the result of a manufacturing difference *proved** advantageous over and over again.

But why not make your *own* tests? Why not *try* PHILIP MORRIS on your patients who smoke, and *confirm* the effects for yourself.

* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

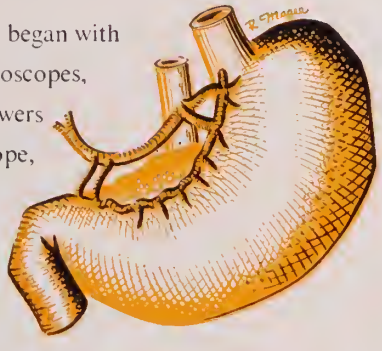
TO PHYSICIANS WHO SMOKE A PIPE:
We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

Footprints on the sands of time

NUMBER 7 OF A SERIES HONORING THE CONTRIBUTIONS OF EMINENT PERSONALITIES OF MEDICINE AND PHARMACY

ADOLF KUSSMAUL, 1822-1902

Pioneer Investigator in Gastroscopy



THE HISTORY of gastroscopy began with Adolf Kussmaul's rigid gastroscopes, inspired by the sword-swallowers seen at fairs throughout Europe, and led the way to the first successful gastroscope of Mikulicz in 1881 and to the development of such modern practical instruments as the Schindler and the Hardt gastroscopes. Educated at Heidelberg, Kussmaul developed much apparatus in internal therapeutics and contributed vastly to the direct diagnosis of organic gastric disease. The use of the stomach pump was introduced by this brilliant and industrious investigator in 1867.

THE FACILITIES *and effort of the Harrower Laboratory, Inc. are pledged to service of the allied professions of medicine and pharmacy and the best interests of public health.*

Harrower LABORATORY, INC ✦ GLENDALE, CALIFORNIA


Engravings Courtesy Paul Struck
there's a
common
defense
Now there is a defense against many of the allergic reactions elicited by everything from feathers to codfish. This defense is BENADRYL, a product of PARKE-DAVIS research.
The treatment of most cases of hypersensitivity with this antihistaminic is largely symptomatic. It has been found that from 25 to 50 mg., repeated as may be indicated, are usually sufficient to produce relief.
BENADRYL (diphenhydramine hydrochloride) is available in Kapseals ® of 50 mg. each, in capsules of 25 mg. each, and as a palatable elixir containing 10 mg in each teaspoonful.
Benadryl ®
hydrochloride
PARKE DAVIS & COMPANY DETROIT 32, MICHIGAN
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PENICILLIN ADMINISTRATION

is safe, simple, and fast with TUBEX®





Before injecting aspirate to insure that needle is not in a blood vessel.

- Designed for immediate injection — no transfer from ampul to syringe.
- Administration is rapid—300,000 units injected in less than 30 seconds.
- Tubex has a special safety feature—by aspirating, it is easy to make certain that a blood vessel has not been entered.
- Positive plunger of the syringe eliminates awkward administration.

Prolonged therapeutic blood levels (12 to 24 hours) have frequently been observed after a single injection of 300,000 units. Nearly all cases of acute gonorrhea are cleared up by a single injection. Other susceptible coccal infections respond to one or two injections per day.

Available in 1 cc. Tubex, 300,000 units of penicillin calcium, with Tubex needle (20 gauge, 1½ inch). The Tubex syringe is supplied separately.

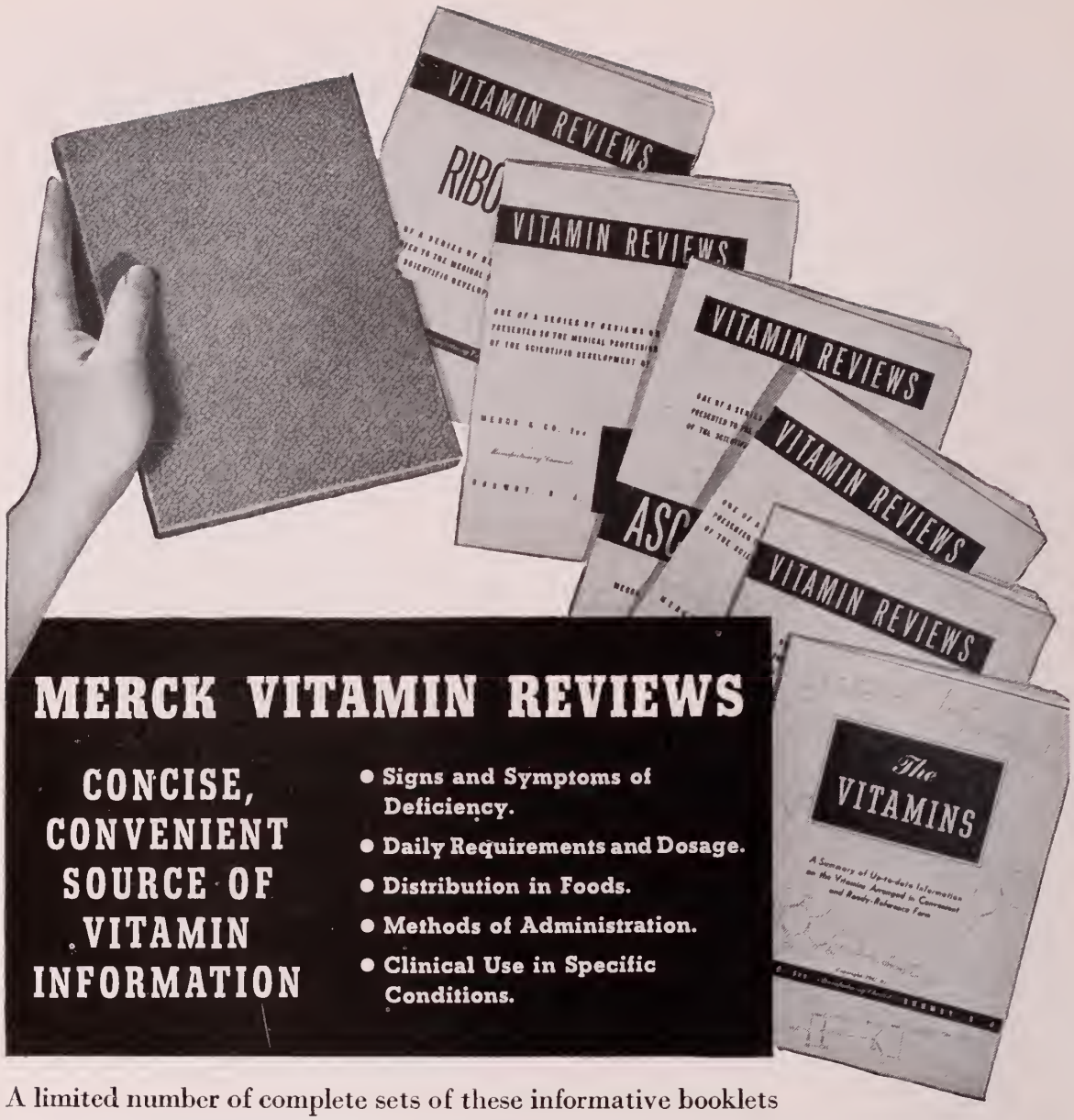
Tubex syringes and needles, developed and produced by J. Bishop & Co., are used exclusively by Wyeth Incorporated.

TUBEX PENICILLIN in OIL and WAX

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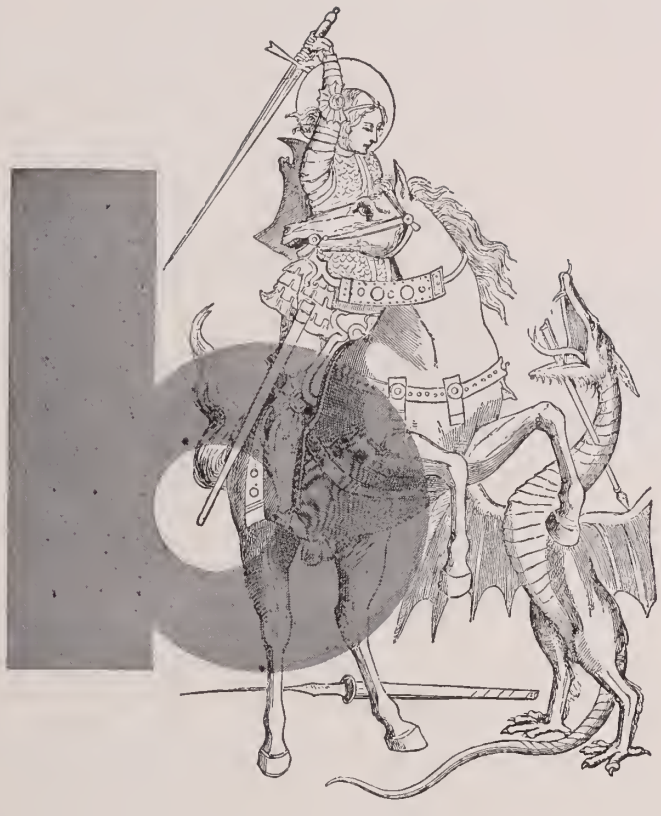


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to combat

the depression of

chronic organic disease Many patients with chronic organic disease—arthritis or asthma, for example—sink into a persistent depression characterized by discouragement, or even despair. Unless effectively combated, this depression may handicap management of the basic disorder and intensify its symptoms.

By restoring optimism and interest in useful living, Benzedrine Sulfate frequently helps to overcome prolonged depression accompanying chronic illness. Obviously, in such cases, careful observation of the patient is desirable; and the physician will distinguish between the casual case of low spirits and a true mental depression.

benzedrine sulfate (*racemic amphetamine sulfate, S.K.F.*) Tablets and Elixir

Smith, Kline & French Laboratories, *Philadelphia, Pa.*

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- Policy pays regardless of whether disability is immediate.
- Policy does not terminate at any age.
- Monthly benefits, $400.00; double indemnity, $800.00.
- Additional benefits, $200.00 per month while in hospital.
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- Accident death benefits, $10,000.00; double indemnity, $20,000.00.
- Mutual Benefit is licensed in every state in the U. S. A. and Canada.

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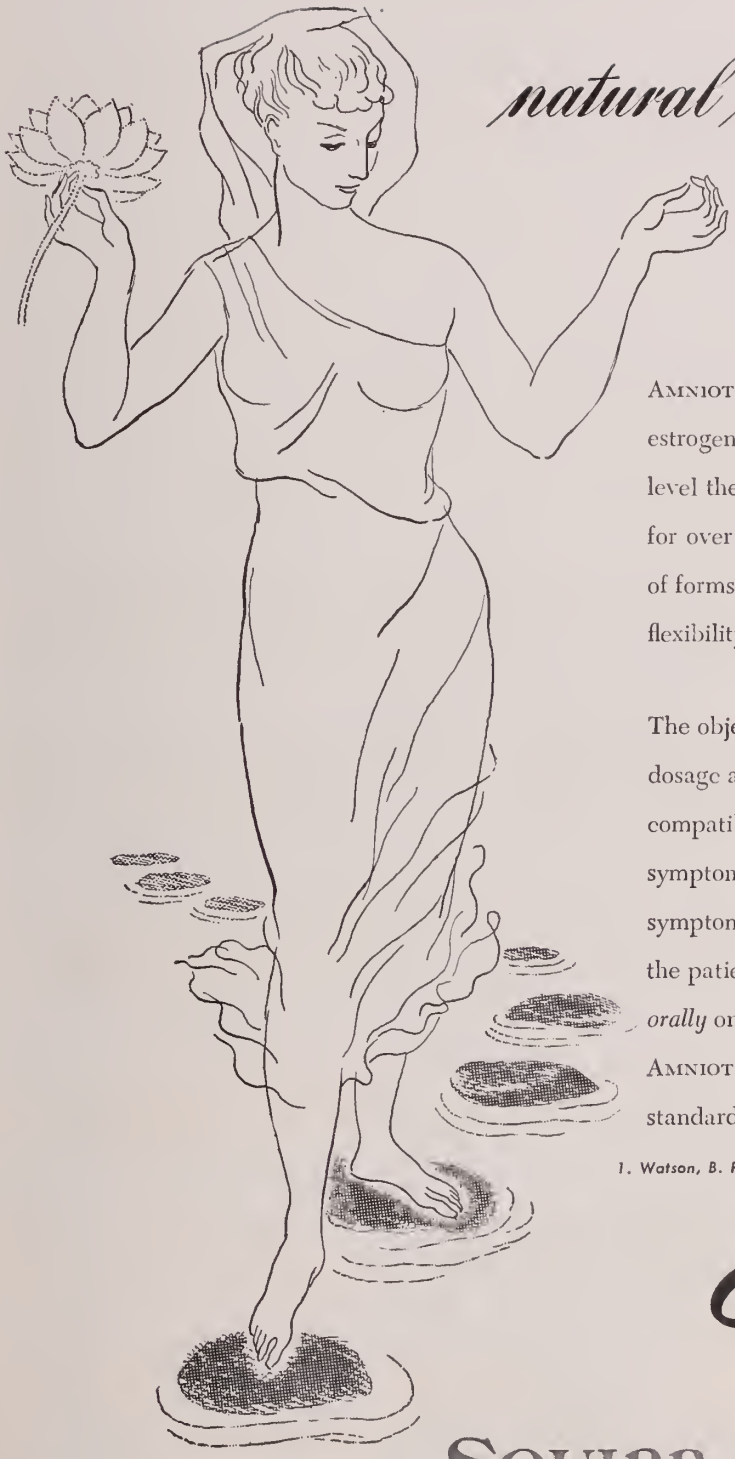
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natural equilibrium

Amniotin, a complex of *truly natural* estrogens, has been helping physicians level the vicissitudes of the menopause for over seventeen years. A wide range of forms and potencies permits notable flexibility and *precision* in dosage.

The objective of using "the minimum dosage at the longest possible intervals compatible with the control of symptoms"[1] is readily attained. Once symptoms are *controlled parenterally,* the patient may be easily *maintained orally* on a gradually reduced dosage. Amniotin is highly purified, standardized in International Units.

1. Watson, B. P.: J. Clin. Endocrinology 4:571 (Dec.) 1944.

Amniotin
TRADEMARK

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Designed to Assist the Patient



NO. 1 Beginning placement of diaphragm on introducer.



NO. 2 Diaphragm placed on introducer.



NO. 3 Application of jelly to diaphragm.



NO. 4 Beginning insertion of diaphragm.



NO. 5 Placement of diaphragm.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

The insertion and correct placement of the "RAMSES"* Flexible Cushioned Diaphragm are simplified by the use of the "RAMSES" Diaphragm Introducer as illustrated.

Our booklet, "Instructions For Patients", will be found helpful in guiding patients in the proper use of the "diaphragm-jelly technique". A supply will be sent to physicians on request.

Ramses DEPENDABILITY

gynecological division

JULIUS SCHMID, INC. 423 WEST 55th ST., NEW YORK 19, N. Y.

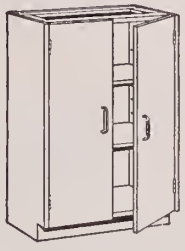
quality first since 1883

*The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

ASSEMBLE A *Complete* LABORATORY WITH *Hamilton* UNITS



No. 1100 5-DRAWER UNIT . . . 22" wide, 13¼" deep, and 37" high . . . 5 steel-wood drawers 19½" x 10⅛" inside. Top drawer is 3⅛" deep . . . second drawer is 3⅞" deep; third, fourth and fifth drawers are 7¾" deep. This unit does NOT include working surface, back rail, or shelf.
Shipping weight: 100 lbs.



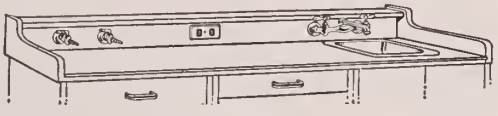
No. 1101 2-DOOR UNIT . . . 22" wide, 13¼" deep, and 37" high. There is a generous cupboard space, 20⅜" wide x 12 1/16" with 2 adjustable shelves 11⅞" deep. This unit does NOT include working surface, back rail, or shelf.
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No. 1102 KNEE SPACE . . . A 2-drawer unit 22" wide, 13¼" deep and 8¼" high . . . serves for knee space between other units. One drawer has 6 grooves for instruments on each side with a clear space of 10½" wide x 10⅛" between grooves. The other drawer is 19½" wide, 10⅛" deep and 3½" high with a center partition running from front to back. This unit does NOT include working surface, back rail, or shelf.
Shipping weight: 35 lbs.

LABORATORY BENCH UNITS—Black Finish
All units are shipped separately. When ordered assembled, it will be necessary to make an additional charge of 20%.

Art. No.	Description	Zone 3
1100	5-drawer Units	$ 59.85
1100-T	Working Surface, complete with Back Rail, Shelf and End Rails, per lineal foot	5.20
1101	2-door Unit	42.00
1102	Knee Space Unit	28.10
1103	Corner Unit	64.35
1104	End Panel	6.00
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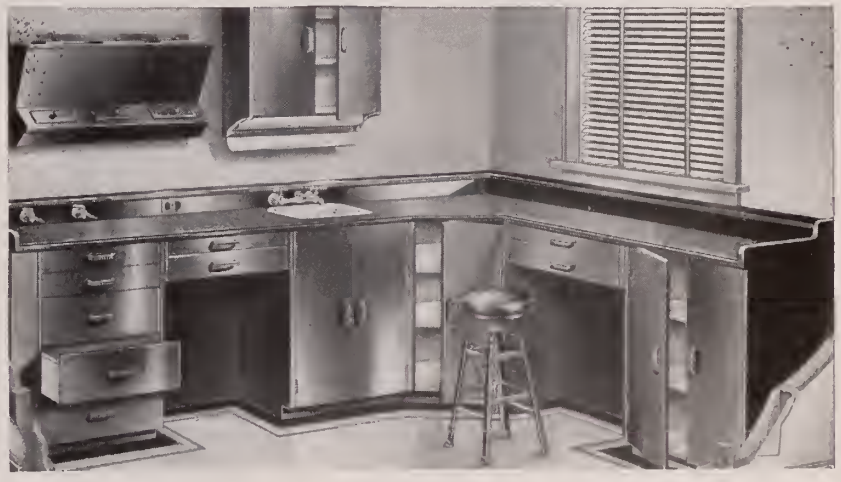
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BIBLIOGRAPHY

1. Richords, R. K., ond Everett, G. M. (1944), Analgesic and Anticonvulsant Properties of 3,5,5-Trimethyloxozolidine-2,4-dione (Tridione), Federation Proc., 3:39, March.

2. Goodmon, L., ond Monuel, C. (1945), The Anticonvulsont Properties of Dimethyl-N-methyl Barbituric Acid ond 3,5,5-Trimethyloxozolidine-2,4-dione (Tridione), Federotion Proc., 4:119, Morch.

3. Goodmon, L. S., Toman, J. E. P. and Swinyord, E. A. (1946), The Anticonvulsont Properties of Tridione, Am. J. Med. 1:213, September.

4. Richards, R. K., and Perlstein, M. A. (1946), Tridione, o New Drug for the Treatment of Convulsive and Related Disorders, Arch. Neurol. ond Psychiot., 55:164, February.

5. Lennox, W. G. (1945), The Treotment of Epilepsy, Med. Clin. North Americo, 29:1114, September.

6. Thorne, F. C. (1945), The Anticonvulsont Action of Tridione: Preliminary Report, Psychiotric Quort., 19:686, Oct.

7. Lennox, W. G. (1945), Petit Mol Epilepsies: Their Treotment with Tridione, J. Amer. Med. Assn., 129:1069, Dec. 15.

8. Lennox, W. G. (1946), Newer Agents in the Treotment of Epilepsy, J. Pediot. 29:356, September.

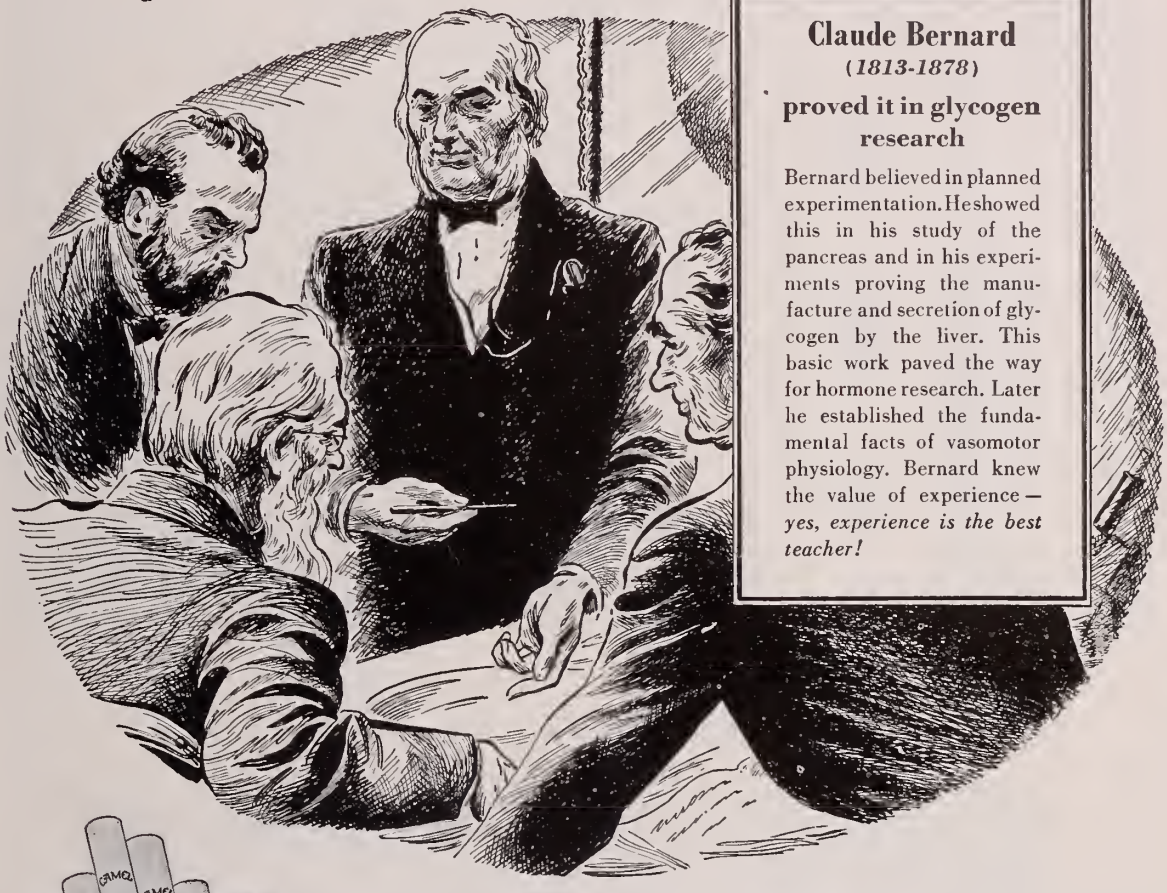
9. DeJong, R. N. (1946), Effect of Tridione in Control of Psychomotor Attacks, J. Amer. Med. Assn., 130:565, March 2.

10. Perlstein, M. A., ond Andelman, M. B. (1946), Tridione: Its Use in Convulsive ano Reloted Disorders, J. Pediot. 29:20, July.

11. Lennox, W. G. (1946), Two New Drugs in Epilepsy Therapy, Am. J. Psychiotry, 103:159, September.

12. DeJong, R. N. (1946), Further Observotions on the Use of Tridione in the Control of Psychomotor Attacks, Am. J. Psychiotry, 103:162, September.

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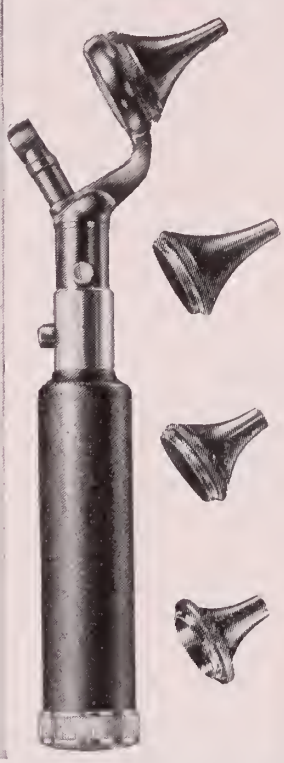
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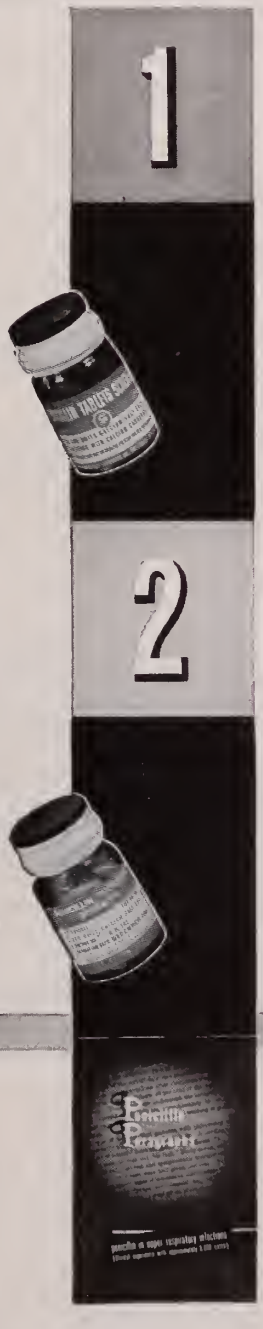
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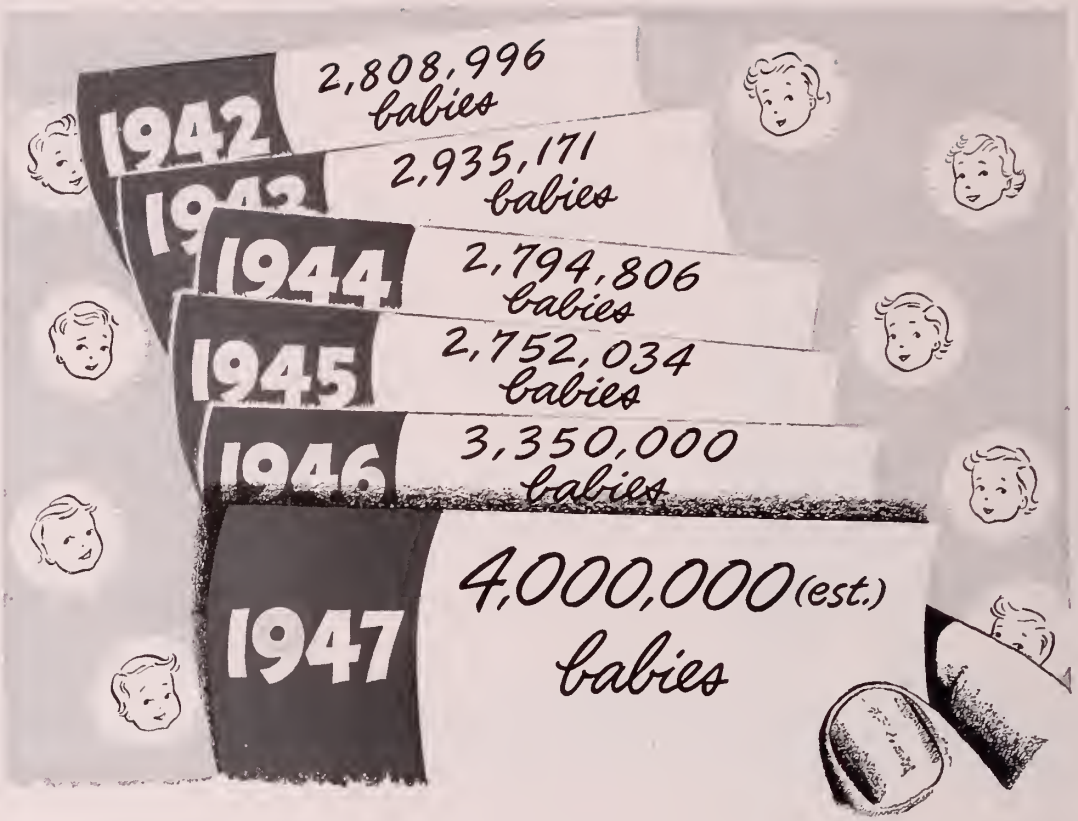
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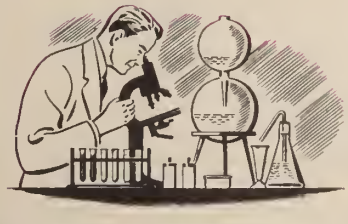


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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
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SURGICAL LESIONS OF THE NECK

Some Aspects of Their Diagnosis and Management

ASHBEL C. WILLIAMS, M. D.
JACKSONVILLE

There are several lesions of the neck which, though not common, are sufficiently frequent to require a practical working knowledge concerning them if the physician is to offer his patients the type of advice and treatment that present day medicine should afford. These lesions may be misdiagnosed. Or they may be diagnosed correctly and then not properly handled, either through faulty medical advice or an inadequate surgical procedure. I have selected for brief review at this time a group of conditions which are entities within themselves, which have specific therapeutic approaches, which are highly amenable to cure and which I hope will prove intrinsically interesting.

Tumors

Tumors are the most common lesion of the neck. Practically all tumors in the median line are limited to the thyroid gland. They may be adenomas of the isthmus or pyramidal lobe, or they may be undescended thyroids or cysts of the thyroglossal duct. Lateral tumors may be branchial cysts, tumors of the carotid body, neurofibromas, or lymphosarcomas. These tumors are usually single. Dermoid cysts, also single, may be in either the midline or lateral positions. The multiple lateral tumors are aberrant thyroids, tuberculous glands and inflammatory glands of various types. Nodes involved with metastatic malignant disease may be single or multiple, but are most often lateral.

Tumors of the thyroid gland need no comment. Cysts of the thyroglossal duct may, therefore, first be considered. These cysts result from unclosed portions of the thyroglossal tract along which the thyroid gland descends from its original position at the foramen caecum on the dorsum of the tongue to its final normal position on the anterior aspect of the trachea. They are in the region of the hyoid bone and may be up to 15 cm. in diameter, but are usually much smaller (fig. 1). They move with deglutition and are prone to repeated inflammatory episodes. These cysts are lined with stratified squamous epithelium and contain epithelial debris and secretions. Should the cyst become infected, the epithelial lining is destroyed and the content converted to pus. Should it be incised, a chronic fistula results. Surgical excision should not be attempted during acute inflammatory episodes. The infection usually subsides under a regime of penicillin, sulfadiazine and hot applications.



Fig. 1—This patient has a cyst of the thyroglossal duct which is typical in location and appearance. Movement of tumors of this duct with deglutition is almost diagnostic. (From the Cyclopedia of Medicine, Surgery and Specialties, 1946 Edition, vol. 15, p. 51. Courtesy of F. A. Davis Company, Philadelphia.)

The treatment of thyroglossal cysts is surgical. Sistrunk[1] pointed out in the nineteen-twenties that, in order to prevent recurrence of these lesions, the cyst must be excised and with it, the central section of the hyoid bone and the thyroglossal tract to the foramen caecum (figs. 2 and 3). Five months ago one of these tumors was removed from a 10 year old girl at Riverside Hospital. She has enjoyed an excellent functional and cosmetic result. In 1944, 350 patients had been operated upon in this manner at the Lahey Clinic.[2] There were no recurrences.

Of the lateral tumors, those of the carotid

Read before the Staff of the Duval County Hospital, Jacksonville, Jan. 21, 1947.

From the Department of Surgery, Riverside Hospital, Jacksonville.

body are single, are located in the notch of the carotid bifurcation, and are firm and elastic to palpation. They are deep and, when they extend, grow inwardly against the wall of the pharynx or upward toward the base of the skull. They often involve the walls of the carotid arteries so that these vessels may have to be sacrificed in the removal of the tumor. Lahey[2] gave some excellent advice regarding the management of tumors of the carotid body. If a tumor of this type is suspected, the patient should be brought into the hospital about ten days prior to operation, and the common carotid artery on the same side as the lesion should be compressed three times daily until the patient can tolerate compression for ten minutes without symptoms. Then the tumor can be resected with relative safety. Ligation of the common carotid artery without previous compression carries a mortality of 10 to 20 per cent.[2] Should one find during the removal of a tumor of the neck that the carotid artery must be ligated, if previous compression of the artery has not been carried out, the tumor should be subjected to biopsy, the wound closed and operation deferred until progressive compression of the carotid renders its ligation safe.

Branchial cysts occur more frequently in women, are of course congenital in origin and may occur anywhere from the angle of the jaw to just above the clavicles, anterior to the sternocleidomastoid muscle (fig. 4). These tumors tend to

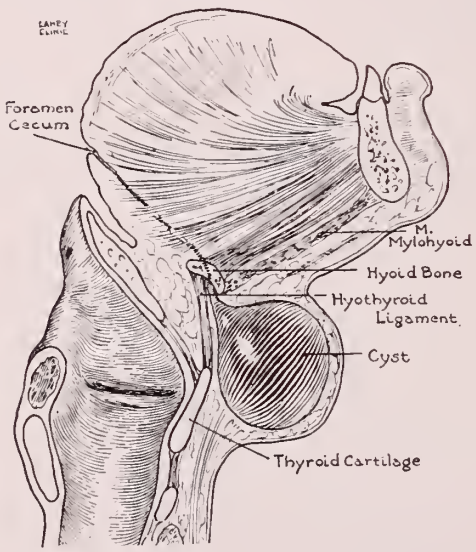


Fig. 2—The anatomic relations of thyroglossal cysts are shown. The tract of the thyroglossal duct is seen extending through or around the hyoid bone and up to the foramen caecum on the dorsum of the tongue. (From the Cyclopedia of Medicine, Surgery and Specialties, 1946 Edition, vol. 15, p. 55. Courtesy of F. A. Davis Company, Philadelphia.)

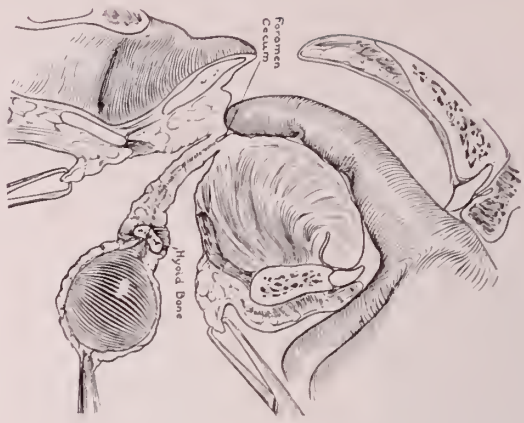


Fig. 3—The last stage of the resection of a thyroglossal cyst is illustrated. The cyst has been dissected free and the attached midsection of the hyoid bone resected. The thyroglossal tract has been coned out up to the mucosa of the dorsum of the tongue. The surgeon places a guiding finger in the mouth at this juncture to avoid carrying the dissection into the pharynx. (From the Cyclopedia of Medicine, Surgery and Specialties, 1946 Edition, vol. 15, p. 58. Courtesy of F. A. Davis Company, Philadelphia.)

grow superficially, extending laterally. They contain mucus and are subject to inflammatory attacks. Because of their unsightliness and occasional malignant degeneration, these cysts should be removed. Care must be taken to avoid injury to the cervical sympathetic chain and the spinal accessory nerve during the resection. Only about 50 per cent of the branchial cysts are diagnosed as such preoperatively.[3]

Branchial sinuses may also be considered here. They may result from incising branchial cysts, or they may consist of pin point openings, usually in the lower anterior portion of the neck, from which clear mucoid fluid exudes. They run up-



Fig. 4—Branchial cyst showing typical position and lateral extension. (From Surgical Practice of the Lahey Clinic, 1942, p. 185. Courtesy of W. B. Saunders Company, Philadelphia.)

ward and empty into the pharynx, or they may end blindly. Treatment is excision, which is best done after the manner of Hamilton Bailey[3] of London, who employs stepladder incisions in order to avoid an unsightly scar (fig. 5). The tract is dissected out to the pharyngeal wall and removed.

Of the multiple tumors of the neck, I wish to mention those of aberrant thyroid tissue. These tumors occur just in front of or under the edge of the sternocleidomastoid muscle, are multiple and resemble lymph nodes. They resemble carcinoma of the thyroid when seen under the microscope. There may be a nodule in the thyroid gland as well. At the Lahey Clinic it is believed that such a nodule represents a metastasis from the aberrant thyroid into the true thyroid gland rather than a tumor of the thyroid metastasizing to the cervical nodes.[2] Lahey [2, 3] advocates bilateral cervical dissection followed by irradiation of the neck when such aberrant thyroid tissue is discovered. In 1942, 36 such cases had been so handled, and recurrences were noted in only 2.[3]

Of more than passing interest is a case which came under my care recently. The patient, a 57 year old white woman, had what appeared to be a typical sebaceous cyst in the right side of the neck over the carotid bifurcation. Excision was carried out. Miscroscopic study showed squamous carcinoma growing in the wall of the cyst. One of my colleagues has since had the same experience with a sebaceous cyst in a patient's thigh. This should emphasize first, the wisdom of removing all sebaceous cysts and secondly, the necessity of sending these cysts for miscroscopic study. In both of these cases wide resection of the affected area was carried out as soon as the diagnostic reports were received.

Certain measures are advisable in the treatment of all tumors of the neck. They are: (1) a complete blood count including the differential count, (2) a roentgenogram of the chest and (3) either excision or biopsy of the lesion itself. These are valuable aids in avoiding painful mistakes.

Herpes Zoster

Herpes zoster is by no means peculiar to the neck, but it is of interest to mention in this connection that when this disease occurs in the cervical region, prompt relief most often follows procaine block of the stellate ganglion of the same side. Nine cases have been reported in the literature to date, [4, 5] and I have recently treated one such case myself. The patient was a 33 year old white man who had had excruciating pain for five days when he consulted me. The vesicular manifestations characteristic of the disease extended from the lower part of the right cheek over the right side of the neck and down onto the anterior wall of the chest. They also extended over the right shoulder and down the right arm to the elbow (fig. 6). Injection of the right stellate ganglion was performed according to the following technic:

The patient lay flat on his back with the head in the midline. A long needle was inserted 1 cm. above the clavicle at the junction of its middle and outer thirds. The needle was directed at an angle of 45 degrees toward the vertebra. When bone was contacted, 10 cc. of a 1 per cent solution of procaine was injected, aspiration being performed

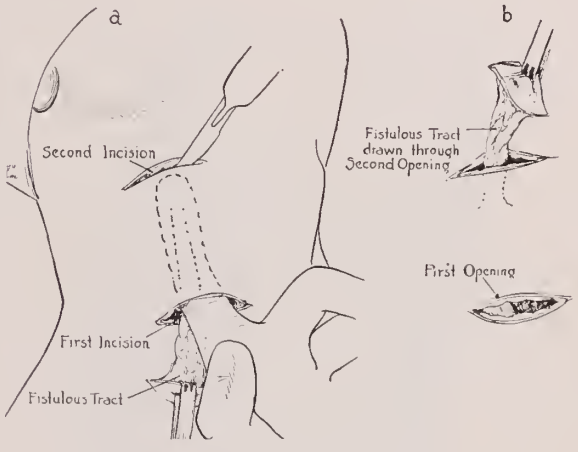


Fig. 5—In the stepladder incision method of Hamilton Bailey an elliptic incision is made about the opening of the sinus, and the tract is dissected up as far as possible; there a second incision is made through which the tract is drawn out. Then the dissection is carried on up in this manner as high as is necessary. The resulting small scars are not objectionable. (From Surgical Practice of the Lahey Clinic, 1942, p. 186. Courtesy of W. B. Saunders Company, Philadelphia.)

first to avoid injecting into a blood vessel. A Horner's syndrome appeared, and the right arm became warmer and dry shortly. Cessation of pain was immediate and permanent. The vesicles were gone in about six days. Herpes zoster elsewhere over the body responds similarly in most instances to injection of the appropriate sympathetic nerves.

Ludwig's Angina

Ludwig's angina is inflammatory in character and, in the overwhelming majority of cases, originates in the mouth, usually following extraction

of a lower molar tooth. In a series of 31 cases which I collected in 1939, the mortality was 54 per cent.[6] A careful study of the factors involved was made, and a plan of management for these cases was set up at the Boston City Hospital. In 1943, an associate and I[7] reported the results of three years' additional experience during which time the plan was employed and 20 patients were treated. The mortality was 10 per cent in this series of cases and, I think, can be even further reduced.

Suffice it to say that this is a serious affliction requiring prompt diagnosis and treatment. The picture is typical in a case in which the disease is well developed. The tongue is edematous and tends to protrude (fig. 7). The floor of the mouth is edematous, raised and covered with a dirty exudate. There is a brawny swelling in



Fig. 6—The herpetic vesicles are shown as they appeared at the time of the injection of the stellate ganglion. They were more extensive than the photograph reveals.

the submaxillary region, which may be unilateral or bilateral (fig. 8). Fluctuation is not present. The patient may have difficulty in swallowing, talking and breathing, and usually drools saliva. This syndrome indicates that the sublingual and submaxillary spaces are infected, the sepsis having dissected down along the submaxillary gland into the submaxillary space from its origin in the sublingual space. Usually the infection is a mixed one with Vincent's organisms (spirilla and fusiform bacilli) playing a major role. It is thus virulent and extends rapidly. Untreated patients



Fig. 7—The protrusion of the tongue due to edema and inflammation is shown in this photograph. These signs point to infection in the sublingual space and are an essential part of the syndrome of Ludwig's angina. (From Williams, A. C., and Guralnick, W. C.: The Diagnosis and Treatment of Ludwig's Angina, New England J. Med. 228:443-450 (April 8) 1943. Courtesy of the New England Journal of Medicine.)

may die of respiratory obstruction or mediastinitis.

In cases in which the disease is fully developed, the treatment is immediate surgery. The trachea is first exposed through a transverse incision low in the neck, and this wound is packed open.[6, 7] Local anesthesia is used for this procedure. If respiratory obstruction is present, the tracheotomy is completed immediately. Otherwise, the patient is next given pentothal sodium, and the neck is incised. This incision runs 1.5 cm. below and parallel to the mandible. It starts over the submaxillary gland and extends around to a similar point on the opposite side if the sepsis is bilateral. It need not be as extensive in unilateral infections (fig. 9). The incision opens the deep fascia and divides the mylohyoid muscle so as to open the submaxillary and sublingual spaces (fig. 10). This open drainage in addition to chemotherapy with penicillin and intravenous sulfonamides should lead to a successful issue. Preliminary exposure of the trachea is a vital step, for the tracheotomy can be immediately completed if blockage of the airway occurs during the operation on the upper part of the neck. These wounds are frightening to look upon at the time, but they heal with remarkably little scarring and are not cosmetically objectionable (fig. 11). Patients can usually be discharged with healing complete

by the twelfth postoperative day.

In the early stages the disease can most often be aborted by intensive chemotherapy. When fully developed, it should be handled according to the plan outlined for death can supervene with amazing suddenness and with little or no warning,

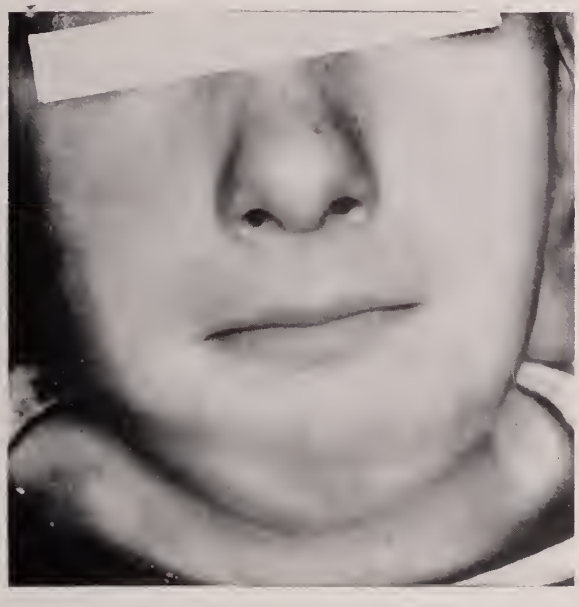


Fig. 8—This photograph demonstrates the involvement of the submaxillory space, which is on essential part of the syndrome of Ludwig's angina. This potient also had infection of the sublingual space. (From Williams, A. C., and Guralnick, W. C.: The Diagnosis and Treatment of Ludwig's Angino, New Englond J. Med. 228:443-450 (April 8) 1943. Courtesy of the New England Journal of Medicine.)

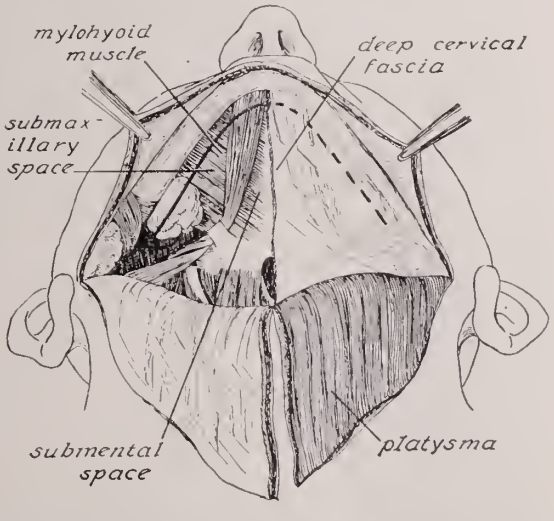


Fig. 9—Right, the skin and platysma hove been reflected to show the submaxillary ond submentol spoces. The solid line indicates the site of incision for unilaterol infections. The dotted line indicotes its extension in biloteral infections. (From Williams, A. C.: Ludwig's Angina, Surg., Gynec. & Obst. 70:140-149 (Feb.) 1940. By permission of Surgery, Gynecology ond Obstetrics.)

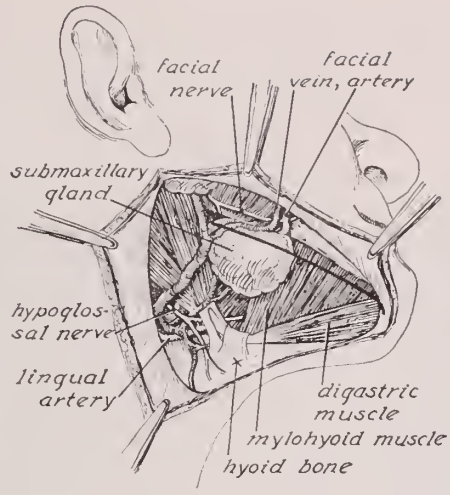


Fig. 10.—The skin, plotysma and deep foscia hove been reflected. The relation of the incision to vital structures is shown. Only the facial vessels must be divided. The submoxillory gland may be reflected, incised or excised. (From Williams, A. C.: Ludwig's Angina, Surg., Gynec. & Obst. 70:140-149 (Feb.) 1940. By permission of Surgery, Gynecology and Obstetrics.)

but with a finality which is most convincing.

Esophageal Diverticulum

The last condition I wish to mention is that of esophageal diverticulum occurring in the cervical esophagus. The diverticula in this location are of the pulsion type and usually originate as hernias through the posterior wall of the esophagus where this wall is always weak at the junction of the esophagus with the pharynx. They continue to enlarge and usually extend downward along the left side of the esophagus, sometimes even into the chest. The patient first complains that food sticks in his throat. Symptoms progress until he eventually has complete esophageal obstruction. Each attempt at swallowing leads to regurgitation and a paroxysm of coughing. These symptoms are explained in figure 12, in which it is seen that food enters the diverticulum instead of going down the esophagus. When the diverticulum fills, the food partly overflows into the trachea as it is regurgitated. Roentgenograms often show pulmonary infiltration resulting from aspirated food. This infiltration should disappear after the first stage of the operation since this procedure usually relieves the esophageal obstruction.

Surgery is essential to the cure of this lesion. The diagnosis is confirmed by roentgen studies of the esophagus with the use of lipiodol. This medium is used instead of barium because of the

likelihood of aspiration into the air passages of the opaque medium. Figures 13 and 14 show roentgen studies demonstrating with lipiodol a diverticulum in a 76 year old patient operated upon at Riverside Hospital. This patient had complete esophageal obstruction. His symptoms dated back some twenty years. He had sought medical aid in a number of places, but the true lesion never was diagnosed nor was he offered treatment. The diverticulum was resected in the manner described in the following paragraphs,

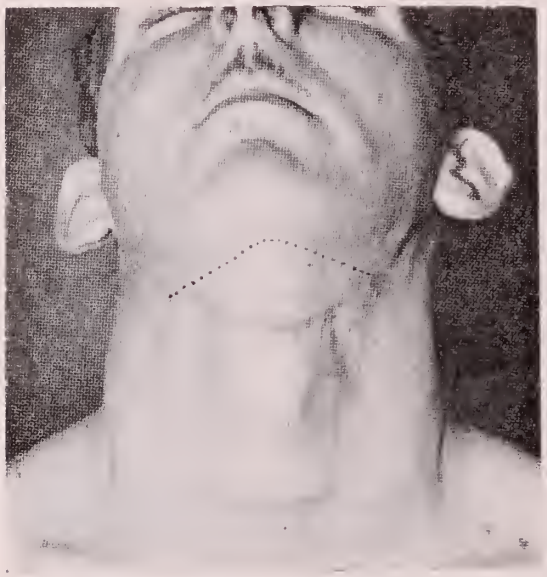


Fig. 11—This photograph shows a scar one year after operation. A bilateral continuous incision was made and tracheotomy prepared for, but not performed. The dotted line indicates preferable site of incision. (From Williams, A. C.: Ludwig's Angina, Surg., Gynec. & Obst. 70:140-149 (Feb.) 1940. By permission of Surgery, Gynecology and Obstetrics.)

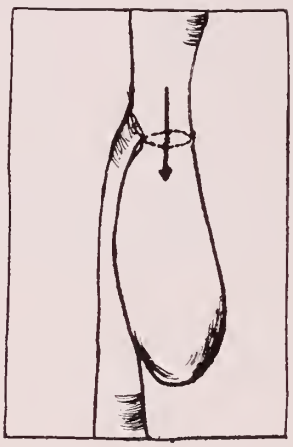


Fig. 12—This diagramatic sketch of an esophageal diverticulum shows how the swallowed food tends to enter the diverticulum instead of finding its way down the esophagus. The true esophagus is obstructed by angulation at the neck of the diverticulum which exerts a pull, especially when heavy with food. Regurgitation occurs as soon as the diverticulum fills in the extreme cases.



Fig. 13—This roentgenogram shows an esophageal diverticulum partly filled with lipiodol, anterior view. The patient was a 76 year old white man who had complete esophageal obstruction.



Fig. 14—This roentgenogram shows a lateral view in the same patient (fig. 13). The diverticulum extended down behind the clavicle.

and the wounds were healed exactly three weeks from the time of the first operation. He is now taking a regular diet well.

The surgical removal of the diverticulum is done in two stages, as developed and described by Lahey.[3] In the first stage, an incision is made along the anterior border of the sternocleidomastoid muscle. The omohyoid muscle and inferior thyroid artery are divided. The carotid sheath is retracted laterally and the thyroid gland medially, care being taken not to injure the recurrent laryngeal nerve. The diverticulum is then identified in the depths of the wound. It is carefully dissected off the esophagus and elevated (fig. 15). A meticulous dissection is carried out around the neck of the sac so as to divide all muscle fibers about the neck, especially at the inferior angle. Then the fundus of the sac is stitched to the pretracheal muscles high in the neck (fig. 16), and the wound is closed, a cigaret drain being placed in the mediastinum along the inferior aspect of the sac. The diverticulum is thus inverted. The patient can now swallow as the obstruction has been relieved.

About ten days later the wound is reopened, the sac freed and its tip cut off. Its mucosa is separated from the submucosa, and the mucosa is excised down to the esophagus itself. A cigaret drain is inserted into the cuff of submucosa, and

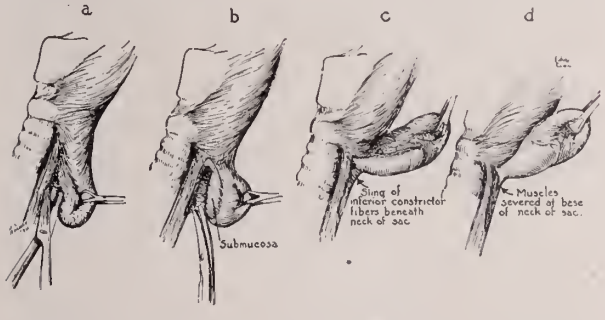


Fig. 15—The technic of dissecting the diverticulum off the side of the esophagus is depicted. It will be seen that the neck of the sac is most carefully dissected down to the submucosa at the inferior angle. This procedure prevents recurrence. (From Surgical Practice of the Lahey Clinic, 1942, p. 155. Courtesy of W. B. Saunders Company, Philadelphia.)

the wound is closed about the drain. In two days the patient is started on liquids. The drain is removed the fourth postoperative day. The wound should heal promptly. In some patients there is a varying degree of drainage of the wound after the second stage, but this will eventually cease. One hundred eighteen cases were reported from the Lahey Clinic in 1940.[3] There was 1 fatality in this series. With such a great margin of safety, there is no reason for a patient to suffer with an esophageal diverticulum once the diagnosis is made.

Summary

The diagnosis and surgical management of cysts of the thyroglossal duct, tumors of the carotid body, branchial cysts and sinuses, aberrant thyroid tissue and sebaceous cysts are discussed.

Mention is made of the removal of a thyroglossal cyst in a child with excellent results, and a case of sebaceous cyst with squamous carcinoma growing in its wall is cited to emphasize the wisdom of removing this type of cyst and having it studied microscopically.

In the treatment of all tumors of the neck a complete blood count, roentgen examination of the chest and either excision or biopsy of the lesion are advised.

The treatment of herpes zoster in the cervical region by block of the stellate ganglion of the same side with procaine is advocated, and a case is reported in which this treatment gave immediate and permanent relief of pain.

The importance of prompt diagnosis and treatment of Ludwig's angina is stressed. When this serious affliction is well developed, immediate surgical therapy is deemed imperative, and the procedure is described.

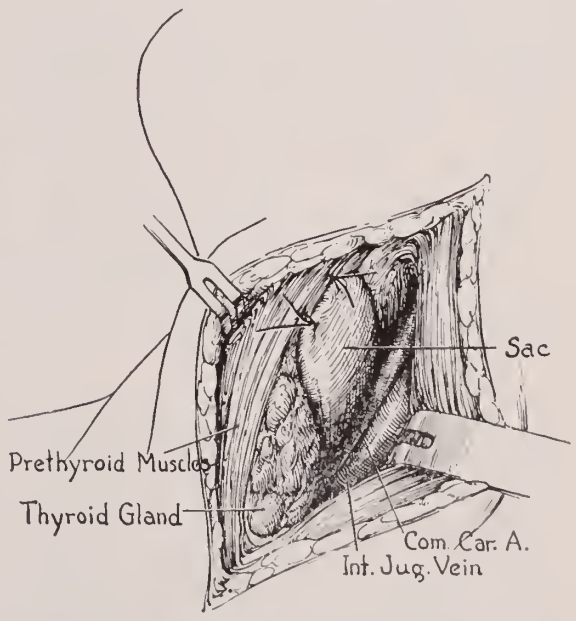


Fig. 16—The first stage of the Lahey resection of an esophageal diverticulum is illustrated. The sac has been freed and suspended high in the neck by two silk sutures, anchoring its fundus to the pretracheal muscles. A cigaret drain will be inserted just below the sac and the skin closed, thus completing the first stage of the procedure. (From Surgical Practice of the Lahey Clinic, 1942, p. 156. Courtesy of W. B. Saunders Company, Philadelphia.)

The symptoms of diverticulum of the cervical esophagus are reviewed, and the value of roentgen studies in the diagnosis of this anomaly is explained. The surgical measures necessary for the removal of the sac in two stages are described. A case is reported in which complete esophageal obstruction was relieved in an elderly patient by surgical removal of a diverticulum.

REFERENCES

1. Sistrunk, cited by Lahey.[2]
2. Lahey, F. H.: The Diagnosis and Management of Surgical Conditions of the Neck, Proc. Interst. Postgrad. M. A. North America (1944), 1945, pp. 102-106.
3. Surgical Practice of the Lahey Clinic, Philadelphia, W. B. Saunders Company, 1942.
4. Rosenak, S.: Procaine Injection Treatment of Herpes Zoster, Lancet 22:1056-1058 (Nov. 5) 1938.
5. Findley, T., and Patzer, R.: The Treatment of Herpes Zoster by Paravertebral Procaine Block, J. A. M. A. 128: 1217-1219 (Aug. 25) 1945.
6. Williams, A. C.: Ludwig's Angina, Surg., Gynec. & Obst. 70:140-149 (Feb.) 1940.
7. Williams, A. C., and Guralnick, W. C.: The Diagnosis and Treatment of Ludwig's Angina; Report of Twenty Cases, New England J. Med. 228:443-450 (April 8) 1943.

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A PRELIMINARY REVIEW OF POLIOMYELITIS IN FLORIDA

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The increased incidence of poliomyelitis in Florida in 1946 has led to much interest in this disease. Because of this interest the following review has been prepared from the records of the Florida State Board of Health. In the material presented no attempt is made to answer any of the scientific questions which poliomyelitis poses; rather, this material raises further questions about this disease in Florida, to which there are no answers at the present time.

Morbidity Rates

Figure 1 shows that Florida has consistently had a rate that is considerably below that of the nation as a whole. This is in line with the observation that the Southern part of the United States generally has less poliomyelitis.[1] Florida never had a serious number of cases prior to 1941. Even during the 1916 epidemic only 8 cases of the disease were reported.

There have not been enough outbreaks in Florida to determine whether there is any cyclic nature to the occurrence of periods of increased incidence. Minnesota records[2a] show a rather striking tendency to high periods every four or five years. In Florida there were four years intervening between the 1941 period of increased incidence and the recent outbreak which started in 1945. For the nation as a whole there seems to be no cyclic relationship, and it would appear ". . . that epidemics occur nearly every year with an occasional one with exceptional high rates."[1] This conclusion, however, does not rule out the possibility of cycles in a localized area of state size. Florida's rate for 1946 was 23.5 per 100,000 population while the national rate for the same period was 18.8.

Geographic Distribution of Cases

Tabulation of the rates for polio by counties (table 1) reveals no clearcut pattern in concentration of cases. The county with the highest rate is Monroe (40.5), followed by Citrus (17.0), then Glades, Palm Beach and Dade counties, all of which are located in the southern half of the peninsular part of the state. The picture of high incidence for the southern tip is balanced by that of St. Lucie, Okeechobee and Charlotte counties, which have reported no cases since 1940. Nassau and Escambia counties at the extreme opposite ends of the state also present high rates. It is interesting to note that the counties with the highest incidence show all the variety among them, so far as temperature, rainfall and type of economy are concerned, that is shown in the state as a whole.

The distribution of cases in Florida according to the size of the town in which they occurred is shown in figure 2. It is seen that the highest

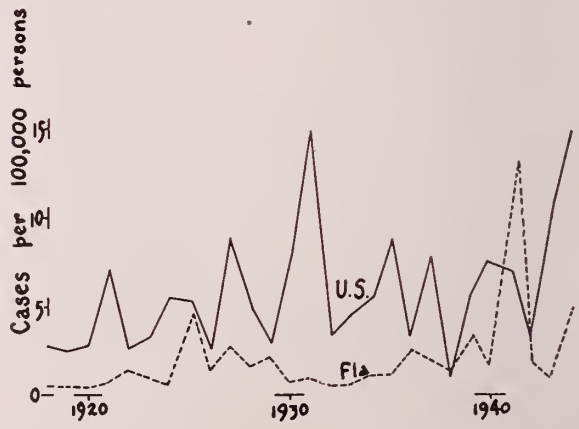


Fig. 1.—Numbers of cases of poliomyelitis per 100,000 persons for the United States and Florida.

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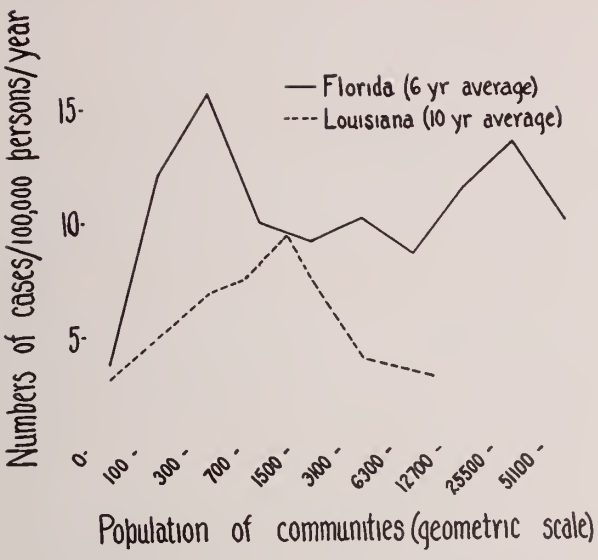


Fig. 2.—Comparison of morbidity rates of poliomyelitis for communities of various sizes in Florida and Louisiana.

rate occurs in towns having a population* of between 300 and 700 persons with another smaller peak in rate for towns between 25,500 and 51,100 in population. Figure 2 also shows similar data collected for Louisiana,[3] in which the highest rate occurs in towns with a population of about 1,500. On the basis of death rates,[1] it has been shown that the rates for the nation are highest for towns whose inhabitants number between 2,500 and 10,000. This finding more closely resembles the situation in Louisiana than in Florida.

Month of Occurrence

According to Collins,[1] cases of poliomyelitis in the Northern states have their peak of occurrence about the middle of September, while in the Southern section this peak is reached a month earlier. Figure 3 shows the distribution of cases by month of onset for Florida and the United States.[2b] It is observed that Florida follows the general pattern of the Southern states. The number of cases at the peak of occurrence is not as high in Florida as for the United States, and there is almost a straight line increase starting in February. Only 41 per cent of the cases occur in the peak three months in Florida, while 65 per cent of the cases in the nation are recorded in the three months of highest incidence.

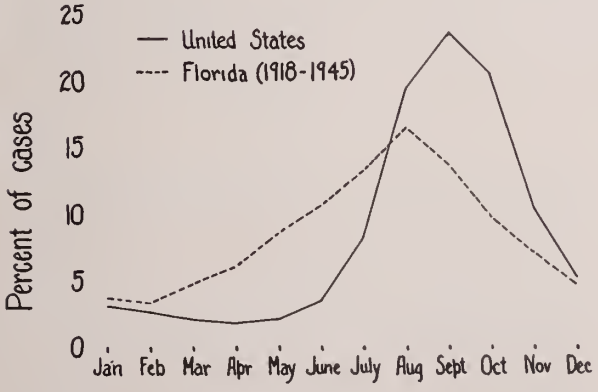


Fig. 3.—Distribution by months of cases of poliomyelitis in Florida.

*Town sizes were adopted for the simple expedient of comparison with the report for Louisiana.

Age

In a series of 424 cases studied in various cities in the United States in 1935, the largest number of cases occurred in the 5-9 age group.[1] This was also the situation with 3,775 cases in Chicago and Detroit for 1939-1944 and Northwestern United States for 1943.[4] Florida, on the other hand, shows the largest percentage of cases that fall in the 0-4 group (fig. 4). In the ages above 20, Florida has a higher proportion of cases than do the other areas mentioned.

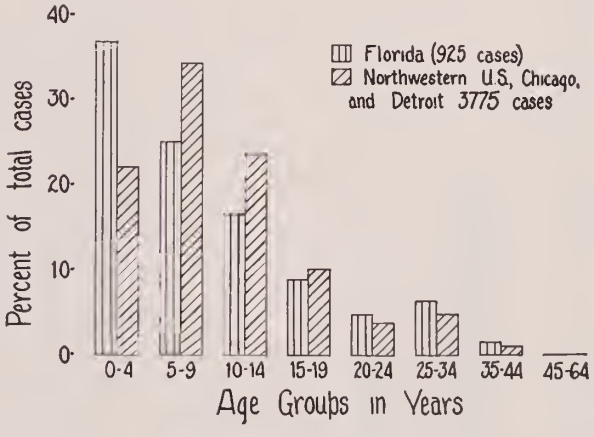


Fig. 4.—Percentage of cases of poliomyelitis falling into various age groups for Florida and other areas in the United States.

Sex

In general, the incidence and mortality rates in poliomyelitis are slightly higher in boys than in girls.[1] Of 1,074 cases occurring in the state since 1940, 520 were in males while 453 were in females. Of deaths from 1917 to 1945, 146 occurred in males and 117 in females.

RACE

Collins,[3] presenting information from a sickness survey, showed that the incidence of poliomyelitis was 14.5 per 100,000 for white persons and 6.2 for Negroes. He further noted that when this analysis was limited to the Southern areas where most of the cases in Negroes occurred, the rate for white children under 15 years of age was 22.1 as compared to 17.9 for Negro children. The figures available in the Florida State Board of Health records include 973 cases among white persons and 101 cases among Negroes since 1940. The rate for Negroes is 3.1 per 100,000 and for white persons 10.9, or three times as high. As shown in figure 5, the 0-4 age group contains the largest number of cases with a rate of 3.64 for white children and 1.70 for Negro children, a little more than twice as many cases occurring in the white children. The number of cases among the Negroes for the higher age groups is

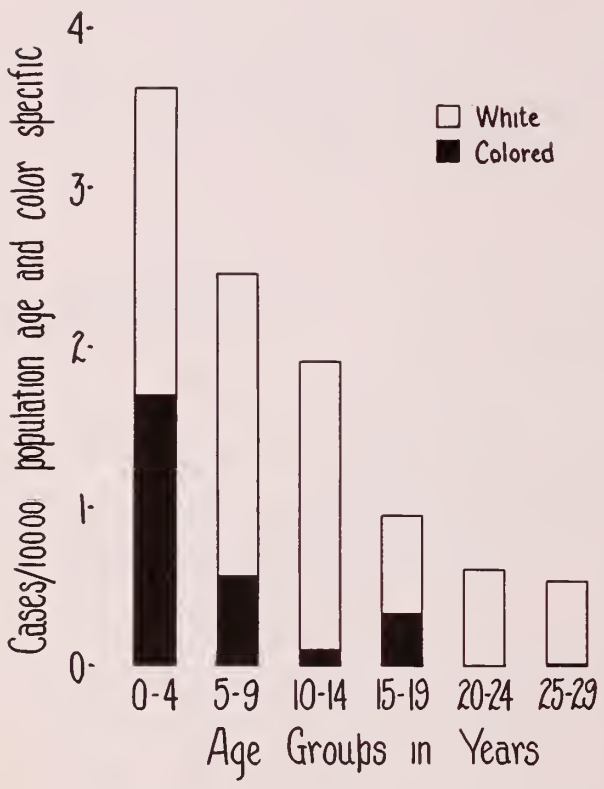


Fig. 5.—Average annual (1941-Nov. 1946) rates of incidence of poliomyelitis in white persons and Negroes of various age groups.

so small that the rates are not accurate although it can be clearly seen that rates for Negroes are far below those for the white persons.

In attempting to evaluate this situation, the fact that cases among Negroes are not as well reported is of importance. The statement of the National Foundation for Infantile Paralysis that "there is no evidence that susceptibility to infantile paralysis varies with race"[4] places the burden of proof upon the person who says that susceptibility does vary. The figures that are available show a difference in rates between the two groups for which there is no clearcut explanation. Until the explanation is forthcoming, the possibility of a racial difference is not completely eliminated.

MORTALITY

For the period 1940-1944, the ratio of cases to deaths in Florida was 7.6 to 1.[6] For the outbreak of 1946 to date, this ratio has been 14.9 cases to 1 death. This shift indicates only a fact that has been observed by others,[1] that during an outbreak the reporting of cases is much more complete.

Figure 6 shows a comparison of deaths in age groups for the United States[5] and Florida. Whereas the highest rate for the United States is in the 5-9 year group, in Florida the largest number of deaths is in the youngest group. If the national figures are tabulated back to 1915, the same distribution is shown as for Florida, but over a period of years there has been a shift in the distribution of deaths for the United States. As with morbidity (fig. 4), it is seen that there is a greater proportion of deaths in the older groups for Florida than for the country as a whole.

DISCUSSION

Reported figures for poliomyelitis are difficult to evaluate. The problem of diagnosis is difficult in many cases. Because of this fact, a committee of the American Public Health Association[7] has recommended that for public health purposes, only those cases in which paralysis occurs should be considered. This recommendation has not been followed in the figures given herein for Florida. If a true picture of the extent of the disease is to be obtained, those cases in which paralysis does

not occur and in which by other standards this disease is present should be included. This latter practice is followed in most states. Even if one were to consider only those cases in which there is paralysis, there would still be the problem of completeness of reporting. It has been noted that in a nonepidemic year only 69 per cent of paralytic cases are reported by physicians while in epidemic years this figure rises to 82 per cent.[1] What percentage of the total number of cases occurring in Florida is reported it is impossible to say at the present time. It is believed that during the recent outbreak reporting was good, and work which is in progress at the present time will help to evaluate this situation. The reporting of cases among the Negro population should

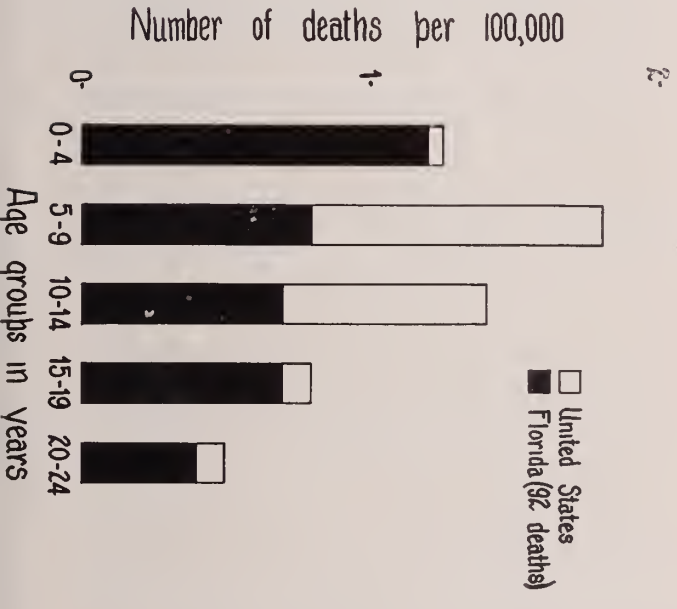


Fig. 6.—Average annual (1936-1945) death rate per 100,000 of the specified age group from poliomyelitis for the United States and Florida.

be improved if that is the factor causing the much lower record of cases among that group.

Collins[1] stated that sickness surveys have revealed that 1.6 per 10,000 living white persons under 25 years of age had an orthopedic impairment which was the result of a prior attack of poliomyelitis. On the basis of this conclusion it might be conservatively estimated that some 2,000 persons in Florida suffer permanent residual disability from poliomyelitis.

Total Cases Of Poliomyelitis in Florida 1941 Through Tenth Month 1946 Distributed To Counties With Annual Average Case Rates Per 100,000 Population

County	*Cases*	*Rates*
Alachua	24	10.7
Baker	1	2.8
Bay	15	5.8
Bradford	1	1.7
Brevard	13	11.5
Broward	12	4.0
Calhoun	3	6.3
Charlotte	0	
Citrus	4	17.0
Clay	6	10.0
Collier	1	3.4
Columbia	6	5.8
Dade	255	13.8
DeSoto	1	2.4
Dixie	2	6.8
Duval	104	6.5
Escambia	79	12.9
Flagler	0	
Franklin	0	
Gadsden	5	2.8
Gilchrist	1	5.0
Glades	2	15.4
Gulf	1	2.4
Hamilton	0	
Hardee	7	14.1
Hendry	2	6.8
Hernando	2	6.0
Highlands	10	10.6
Hillsborough	77	6.3
Holmes	5	5.6
Indian River	2	3.7
Jackson	17	8.4
Jefferson	2	3.0
Lafayette	0	
Lake	13	7.8
Lee	2	1.4
Leon	14	6.7
Levy	1	1.7
Liberty	2	10.9
Madison	4	4.3
Manatee	8	4.8
Marion	16	7.7
Martin	2	5.6
Monroe	45	40.5
Nassau	7	12.0
Okaloosa	7	7.5
Okeechobee	0	
Orange	28	5.5
Osceola	2	3.4
Palm Beach	96	14.7
Pasco	2	2.6
Pinellas	49	6.4
Polk	43	6.7
Putnam	3	3.0
St. Johns	5	3.9
St. Lucie	0	
Santa Rosa	4	4.0
Sarasota	10	8.9
Seminole	6	4.0
Sumter	8	13.0
Suwannee	4	4.0
Taylor	5	8.6
Union	0	
Volusia	20	5.8
Wakulla	1	3.4
Walton	2	2.4
Washington	1	1.4

REFERENCES

1. Collins, S. D.: The Incidence of Poliomyelitis and Its Crippling Effects, as Recorded in Family Surveys, Pub. Health Rep. 61:327 (March 8) 1946.
2. Perkins, J. E.: (a) Apparent Spread of Poliomyelitis Through Four Families, Minnesota Med. 24:924 (Nov.) 1941; (b) The Epidemiology of Poliomyelitis, New York State J. Med. 45:159 (Jan. 15) 1945.
3. Casey, A. E., and Aymond, B. J.: The Geographic Distribution of Disease, A Decade of Poliomyelitis in Louisiana, Pub. Health Rep. 55:1295 (July 19) 1940.
4. National Foundation for Infantile Paralysis Publication 59, ed. 2, 1946.
5. Metropolitan Life Insurance Company Statistical Bulletin 27:7, 1946.
6. Dauer, C. C.: Incidence of Poliomyelitis in the United States in 1945, Pub. Health Rep. 61:915 (June 21) 1946.
7. The Control of Communicable Diseases, Report of a Committee of the American Public Health Association, Reprint 1697, Pub. Health Rep. (revised 1945), U. S. Govt. Printing Office, Washington, D. C.

1217 Pearl Street.

INDICATIONS FOR TRACHEOTOMY

THOMAS M. IRWIN, M. D.
JACKSONVILLE

Tracheotomy as a surgical procedure is not new, nor has the method of performing it been improved upon in the last fifteen years. I was prompted to present this short paper because in my opinion it is of prime importance that all practitioners of medicine keep constantly in mind the necessity for such a life-saving measure, especially since the advantage of doing the operation early cannot be overemphasized, and also because I desire to present a new thought on the use of tracheotomy in bulbar poliomyelitis.

Opening the trachea in order to allow passage of life-giving air is one of the oldest operations known to surgery and as such falls within the realm of the laryngologist. Regardless of what branch of medicine one may follow, however, whether it be pediatrics, general practice, dermatology, general surgery, or obstetrics, there comes a time when a tracheotomy must be performed at once, and there will not be sufficient time to call for the surgeon trained in by-passing the larynx.

During the last war, there were several instances in which lives were saved by Medical Corps men performing tracheotomy on the battlefield. These lives would have been lost if they had waited for the battalion or regimental surgeon to arrive. In civil life the need may arise in the home, in the office, or in the hospital bed. The time required to take the patient to a well equipped operating room may make the difference between a living patient and a dead patient.

Read before the Duval County Medical Society, Jan. 7, 1947.

An attempt was made to determine the number of tracheotomies that have been performed in Jacksonville in the last two years. Because of the fact that many of them were not done in the operating rooms of the various hospitals where records are kept of operative procedures, it is difficult to give an accurate statistical review of the number and their outcome. One or more tracheotomies have been done in every hospital in Duval County. At the Isolation Unit of St. Luke's Hospital between September 1944 and September 1946, 21 patients required tracheotomy. Of this number 7 expired. In all of the cases which terminated fatally, the patient had diphtheria. In fact, 17 out of 21 of the cases requiring tracheotomy at the Isolation Unit were cases of diphtheria, and there was a mortality of over 30 per cent.

To list a few of the more common causes of laryngeal dyspnea will no doubt stimulate one to recall other conditions in which he personally has encountered the need for tracheotomy.

1. Diphtheria involving the membrane lining the larynx and trachea. This condition, although not as common as it was twenty years ago, is still frequent enough to account for a large percentage of tracheotomies in children.

2. Laryngotracheobronchitis, the pseudomembranous condition which occurs commonly during the winter months.

3. Edema of the larynx from any cause, such as external or postoperative trauma, positive pressure anesthesia, removal of growths from the larynx, instrumentation for diagnostic purpose, and postoperative conditions in cases of thyroid disease.

4. Angioneurotic edema.

5. Foreign bodies lodged in the larynx. Tracheotomy is indicated in certain of these cases, not as a method of removal but for the accompanying dyspnea.

6. Tuberculosis, and malignant and nonmalignant lesions of the larynx, which often require

tracheotomy because of obstruction and as part of the therapy.

7. Bulbar poliomyelitis, according to a recent report.

Galloway[1] of Northwestern University Medical School, in a lecture at the 1946 meeting of the American Academy of Ophthalmology and Otolaryngology, stated that tracheotomy is of value in certain cases of bulbar poliomyelitis. He added that in this condition there is respiratory difficulty that is both central and peripheral in origin. The central paralysis affects the intercostal muscles and the diaphragm. The paralysis of the respiratory center affects the coordination, rhythm and depth of respiration. In addition, there is pharyngeal paralysis, making the patient unable to swallow, with a consequent accumulation of 1,000 to 1,500 cc. of saliva. There is an absence of the protective mechanism of the larynx, and there is collapse or spasm of the pharyngeal walls.

Peripherally, the airway is blocked by secretions, the respiratory tract is flooded with indrawn secretions, and there is a loss of the cough reflex. The anoxia affects the brain, heart and respiratory musculature. This is followed by circulatory failure, atelectasis or pneumonitis of the immobile lung.

Galloway[1] concluded that tracheotomy in bulbar poliomyelitis prevents immediate asphyxia, short-circuits the secretion and rests the neuromuscular mechanism by reducing the respiratory effort. It prevents anoxia and its associated mental symptoms as well as damage to the brain. Tracheotomy does not interfere with the use of the respirator, according to this author. He also advocated the use of oxygen, postural drainage and aspiration by an indwelling pharyngeal catheter connected to water suction as these measures may prevent the necessity of tracheotomy.

Tracheotomy is indicated in obstructive laryngeal dyspnea, whatever the cause may be. To review briefly the cardinal signs of this form of dyspnea, according to Jackson and Jackson[2] they are as follows:

1. Indrawing of the suprasternal notch.

2. Indrawing around the clavicles.

3. Indrawing of the intercostal spaces.

4. Indrawing of the epigastrium, forming a "funnel breast."

5. Restlessness.

6. Choking and waking as soon as the aid of the voluntary respiratory muscles ceases in falling to sleep.

7. Ashy color of the face.

8. Cyanosis. This is a dangerously late symptom. If the laryngeal obstruction has been prolonged, do not expect to find the child or adult clutching at the throat or fighting for air. These patients are drowsy and often sleep away without a struggle because the respiratory center is fatigued from overstimulation.

When this procedure becomes an emergency, one cannot take into account any layer dissection. According to Snitman,[3] it demands definition of the so-called Jackson tracheotomic triangle by digital palpation and exact midline incision down to and into the trachea. The tracheal wound is opened by the tracheal dilator, and a tracheal cannula is inserted. Hemostasis is easily accomplished since most of the bleeding is venous in origin.

In the elective tracheotomy, the bleeding should be minimal, and structures should be identified, such as the sternothyroid muscles, the isthmus of the thyroid gland and the trachea. The thyroid isthmus usually covers the second, third and fourth tracheal rings. If so, it is best to divide the isthmus since a tracheal opening below a wide isthmus makes reinsertion of a tracheal cannula difficult. The trachea is at quite a depth from the surface of the skin. It is here that anterior traction with a tenaculum placed in the interannular ligament, below the first tracheal ring, aids the operation by drawing the trachea forward. It is customary to place a sandbag beneath the shoulders with the head hyperextended and held straight in the saggital plane.

The incision in the trachea should be made as low as possible and should never be made through the first ring, but rather through the third, fourth and fifth rings. It should be made in the midline and in the long axis of the trachea. Care must be exercised that the point of the knife does not perforate the posterior tracheal wall.

A Trousseau dilator should now be inserted in the tracheal wound and its blades gently separated. A cannula of proper size is introduced with absolute certainty of its having entered the trachea. No attempt should be made to suture the wound of the skin for this tends to form a pocket in which lodge the bronchial secretions that escape alongside the tube, resulting in infection of the wound.

The trachea in the young is not the hard resisting structure of the adult. It is a soft tender tube that is easily compressed. Care must be exercised to avoid penetrating the esophagus by too deep an incision.

In conclusion, I should like to reiterate that early tracheotomy contributes much more toward recovery of the patient than waiting until all the vital facilities have become exhausted. Good nursing care is most essential in caring for the tracheotomized patient. A constant watch must be maintained to see that the cannula is patent. Chemotherapy and immunization have contributed toward decreasing the need for such an operation, but in spite of these aids there is the ever present demand for the physician to be prepared to take action when the necessity presents itself.

Summary

The attention of all practitioners of medicine is directed to the importance of tracheotomy as a life-saving measure and to the value of its timely performance.

The common causes of laryngeal dyspnea are reviewed, and the cardinal signs of obstructive laryngeal dyspnea, in which tracheotomy is indicated regardless of cause, are listed.

The value of this operation in bulbar poliomyelitis is explained.

The carrying out of this surgical procedure both as an emergency measure and as an elective measure is described.

References

1. Galloway, T. C.: The Danger of Unrecognized Anoxia in Laryngology, Ann. Otol., Rhin. & Laryng. 55:508 (Sept.) 1946.

2. Jackson, C., and Jackson L.: Bronchoscopy, Esophagoscopy and Gastroscopy: A Manual of Peroral Endoscopy and Laryngeal Surgery, ed. 3, Philadelphia, W. B. Saunders Company, 1934.

3. Snitman, M. F.: Surgical Anatomy of the Neck, Graduate Lecture, American Academy of Ophthalmology and Otolaryngology, October, 1946. To be published.

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JOURNAL PUBLICATION SCHEDULE

The names of the officers elected at the annual meeting of the Association, held in Miami, April 21-23, and the appointments to committees made by President Thomas were not available for publication in this issue of the Journal because it went to press before the convention was held. This information will appear in the June Journal.

To publish an issue of the Journal requires approximately four weeks. In order to adhere to the practice of mailing the Journal as near the first of each month as possible, it is necessary to send all copy to the printer on the first of the month preceding the date of publication. Contributors should keep this printing schedule in mind.

The first number of the Journal prepared under the direction of the editor chosen at the annual election in April will be the June Journal, printed during the month of May.

H. L. P.

THIRD CONGRESS OBSTETRICS AND GYNECOLOGY

The Third American Congress on Obstetrics and Gynecology will be held at the Municipal Auditorium in St. Louis, September 8-12, 1947. Paralleling the successful arrangement of the First Congress in 1939 and the Second Congress in 1942, the morning sessions are planned as joint gatherings of interest to all and those in the afternoon as group meetings with round table discussions.

It is the aim of the Third Congress to make the meeting of value not only to the obstetric-gynecologic specialists but also to those who deal with the greatest possible number of maternity cases, the general practitioners. The program is planned with a view of analyzing, correlating and broadening the working contact of the physician and the obstetric nurse and the public health worker; it also has a place for the problems of the hospital administrator and the medical educator. So broad is its scope that the Congress will bring together practitioners of medicine and members of related professions in a joint effort to set forth and attack the problems that confront maternal and child welfare today.

Dr. Ralph W. Jack, Huntington Building, Miami, is the membership chairman for Florida. All who are interested in applying for membership in the Congress, which is sponsored by The American Committee on Maternal Welfare, Inc., may obtain an application blank and further information from him, or by writing to The American Congress on Obstetrics and Gynecology, 24 W. Ohio St., Chicago 10, Ill.

H. L. P.

FLORIDA MEDICAL SCHOOL NEEDED

The Board of Governors of the Florida Medical Association at its meeting in Jacksonville on Feb. 16, 1947, adopted the following resolution:

Whereas, There is urgent need for a medical school within the state of Florida in view of the following facts: (1) the medical schools of the nation are so overcrowded that the few new students accepted represent a negligible proportion of the number of applicants, only 72 from Florida gaining entrance in 1945-46 to these schools scattered throughout the country; (2) in an increasing number of states, medical schools are meeting the unprecedented demand by accepting only those students who reside within the state, the tax-supported institutions thereby recognizing their obligation to the citizenry; and (3) the likelihood of increasing demand and consequent geographic limitation of students for years to come threatens to deny altogether to Florida students the opportunity of obtaining a medical education; and

Whereas, Florida has a population from two to seventeen times as great as ten of the twelve states of the Union without a medical school and is growing more rapidly than any of these states; and

Whereas, Physicians trained within the state will in all probability in many instances be attracted to the rural areas of their home state where there is a distressing dearth of medical practitioners; and

Whereas, The inspiration and stimulus gained by contact with a state medical school of high standards and progressive program would inevitably be reflected throughout the medical profession of Florida and insure its citizens better service from the physicians practicing in the state; therefore, be it

Resolved, That the Board of Governors of the Florida Medical Association in regular session assembled voice its approval of the establishment of a School of Medicine in Florida; and be it further

Resolved, That this Board express its willingness to cooperate with other groups in stimulating public support in order that sufficient funds may be secured for the early establishment, proper operation and adequate maintenance of this institution for training the youth of the state to safeguard the health of its people.

VETERANS LIFE INSURANCE

Veterans of World War II have until August 1 to reinstate their National Service Life Insurance policies without a physical examination, the Veterans Administration reports.

For the many physicians who served in the armed forces, NSLI offers basic insurance protection under more liberal regulations and at lower rates than it is possible to obtain with a commercial company. In addition to the basic term policy, six permanent plans of NSLI are available, including ordinary life, 20-pay life and three forms of endowment policies.

Full information about reinstating or converting NSLI may be secured by visiting the nearest Veterans Administration office or writing directly to its Insurance Service, Veterans Administration Branch Office 5, Atlanta 3, Ga.

Physicians can aid the Veterans Administration in its national program to advise former servicemen of the advantages of NSLI by urging the veterans with whom they come in contact to continue their valuable, low cost government policies. H. L. P.

PUBLIC RELATIONS DIRECTOR SELECTED

The selection of the Director of the Public Relations Bureau of the Association was delegated by the Board of Governors to a Special Committee as an important step in working out the constructive public relations program authorized by the House of Delegates at the 1946 annual meeting in Jacksonville. This Committee, composed of Dr. Shaler Richardson, Chairman, and Drs. Walter C. Jones, W. C. Thomas, Ferdinand Richards, Harold D. Van Schaick, Robert B. McIver and John R. Boling, after careful inquiry submitted fifteen applications to the Board for review at its meeting on February 16. Several applicants appeared personally before the Board at that time. The final choice was then left to the Committee.

The Committee announces with genuine pleasure and satisfaction the selection of Mr. Ernest R. Gibson for this key position. Mr. Gibson came before the Committee with the endorsement of Drs. Walter C. Payne and Herbert L. Bryans of Pensacola, members of the Board of Governors. He was accorded the approval of all members of the Committee and unanimously chosen for the post.

Mr. Gibson has the personality, educational background and experience that fit him admirably for the delicate and difficult task of serving as Director of Public Relations at this crucial period. Upon completion of the premedical course at Cedarville College, Cedarville, Ohio, in 1928, he received the degree of Bachelor of Arts. Majoring in bacteriology, he was the recipient of the degree of Master of Science from the Ohio State University in 1934. He has had twelve years' experience in education on both high school and college levels and two years' experience in industrial chemistry. He was engaged in publicity work in a college for four years. In addition, he served four years as a commissioned officer in the United States Naval Reserve, and during the concluding year of this service was Public Information Officer to the Commander, Naval Air Training Bases, Pensacola.

An Ohioan, Mr. Gibson is 42 years of age, married and has two children. He has lived in Florida for two years. The Committee believes the Association is to be congratulated on securing the services of this able and experienced young man for leadership in its Bureau of Public Relations.

Shaler Richardson, M. D.
Chairman Special Committee

COUNTY HEALTH DEPARTMENTS IN FLORIDA

Since the establishment of the first county health department in Florida in Leon County in 1931, there has been a steady growth in the number of counties with such a department. The acceptance of a health department as an essential function of county government by the average citizen is evidenced by the fact that in only a very few cases have counties ceased to continue this department once it was established. In all of these instances the health department has been re-established at a later date. For the last year there has been an increasing interest in the formation of county health departments, and this interest has resulted in 16 counties not hitherto included coming into the fold. They are: Calhoun, Liberty, Hamilton, Suwannee, Lafayette, Dixie, Columbia, Gilchrist, Union, Putnam, Flagler, Brevard, Osceola, Sarasota, De Soto and Charlotte.

This development was probably a natural result of the ending of the war and the rekindling of civic interest in local problems, plus the possibility of getting personnel. All of these counties at this writing have a health officer, with one exception, but there continues to be a shortage of nurses. Positions in the field of sanitation have in general been more easily filled. It has been necessary, however, for some of the smaller counties to share health officers with their neighbors, and in some cases supervisory nursing and sanitation personnel. As long as the counties concerned are satisfied with these arrangements, they will be continued, being, I believe, more efficient and economical. It can be readily seen that some of the smaller counties do not need and cannot afford a full time public health physician for themselves exclusively.

The programs being carried on by the various county health departments are too well known to need detailed description, and it is not intended to go into this subject at this time. It is appropriate, however, to point out that there are variations from county to county depending upon what the local physicians and ordinary citizens want and demand. The health officer plans his program in close cooperation with the medical profession, or with a designated committee from the medical profession. There is only a minimum of direction from the State Board of Health, although consultation and assistance are freely available. In general, it is the policy of the State Board of Health to be sure that funds allocated from state and federal sources are being spent in a wise and productive manner. The greater part of this responsibility is discharged when, in accordance with state law, a county health officer is appointed who is agreeable to the Board of County Commissioners and to the State Board of Health. Once such an appointment is made, responsibility for the county health program is delegated to him.

Florida has great reason to be proud that it does not have the multiplicity of local agencies existing in many states. There has been a steady trend toward the unification of local health agencies in order to secure greater efficiency as well as for economy and to avoid multiple taxation for the same purpose. Three health departments in the same city are not at all uncommon in some states, namely, a city health department, a county health department and a school health

department. In some cities known to me the situation is further confused by the carrying on of direct public health and nursing service programs by voluntary health organizations. Invariably when such overlapping and duplication exist, the taxpayer pays more and gets less. In Florida the unification of local public health programs is well advanced. School boards and municipalities have, with some few exceptions, withdrawn from the public health field. Voluntary health organizations are cooperating with and assisting official health organizations rather than competing with them and setting up duplicate service facilities.

All of these facts may seem to be of little concern to the average practicing physician, but this is far from the case if they are viewed thoughtfully and realistically. A properly run public health agency cooperating with the medical profession not only takes away nothing from private practice but increases it, and supplements it as far as the public is concerned. It tends to satisfy the public demand that something be done in the health field. The American Medical Association has adopted this view and advocates the establishment of a health department for every county. It is, therefore, a matter of plain self interest plus all the higher motives for the medical profession in each county not only to support but to try to improve the county health department. It is most gratifying to report that physicians in the state do support their local health departments and have been most active in their organization to date.

What about the counties that do not have health departments? In these counties a department should be organized as soon as possible with the support of the medical profession. There are at present only 15 counties with a total population of 293,930 that do not have an accredited county health department. This number represents about 13 per cent of the population of the state, but nearly half of these (42 per cent) live in one county—Palm Beach. Seventy-five per cent of the people in counties without a health department live in 5 counties, Palm Beach, Marion, Manatee, Lee and St. Johns. The other counties without health departments are Citrus, Hernando, Pasco, Hardee, Hendry, Collier, Indian River, St. Lucie, Okeechobee and Martin. It should, however, be stated that 3 of these counties, namely Manatee, Hardee and Indian River, have officially expressed their intention of forming a health unit at the beginning of the next fiscal year. It is to be hoped that the physicians in the remaining 12 counties will take the leadership in stimulating their local officials to form a county health department so that Florida will be able to point the way to the rest of the country in this field. With such initiative taken by the medical profession itself in the promotion of legitimate public health activities, there should be none to doubt the high motives of the profession in its refusal to surrender to public agencies more than it believes is for the public's benefit.

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Jacksonville.

STATE NEWS ITEMS

The Editor was pleased to receive from Dr. Walter C. Page of Cocoa a program of the Jubilee Meeting of the Association, held May 15 and 16 back in 1923, with the late Dr. L. M. Anderson, President, presiding. Jacksonville was the scene of this gala occasion, and all meetings were held in the auditorium of the Seminole Hotel. Dr. Robert B. McIver was in charge of arrangements, and an elaborate scientific program was presented under the direction of the late Dr. John S. Helms.

Dr. Page has across the years served Florida medicine faithfully and well. For many years he was the secretary of the Florida Railway Surgeons Association.

Dr. Charles F. James, Jr., of Tallahassee, announces the opening of his offices for the practice of general surgery.

The enrollment in the Florida Medical Service Plan was increased 2,717 during the month of February, bringing the total enrollment to 8,216. It is encouraging to note the excellent progress made in the Florida Medical Service Plan, which is primarily for the benefit of citizens in the low income brackets. Mr. H. A. Schroder, Box 1798, Jacksonville, is the Executive Director.

Dr. C. H. Kirkpatrick of Arcadia spent the first week in March in New Orleans doing postgraduate work.

Recently Dr. J. N. Tolar of Sanford, who has practiced medicine there and in Seminole County for thirty years, was honored by a group of friends and patients who raised funds for furnishing a room at the Fernald-Laughton Memorial Hospital "as an expression of appreciation for many years of unfailing devotion to his profession and the sick of Seminole County."

Dr. George H. Putnam of Gainesville announces the opening of his offices at 332 University Avenue. He will limit his practice to urology.

In the March issue of the Southern Medical Journal the Jane Todd Crawford Student Loan Fund in Gynecology is announced. This first postgraduate scholarship under the sponsorship of the Woman's Auxiliary to the Southern Medical Association is offered to young Southern physicians wishing to pursue the study of gynecology. The applicant must not be over 32 years of age, must be of good character and must show evidence of being capable of absorbing adequate knowledge. The loan must of course be returned in small installments after completion of the study. Inquiries regarding this excellent opportunity for special study in gynecology may be addressed to Mrs. J. Ullman Reaves, 1862 Government St., Mobile 18, Ala.

Dr. Wayne Babcock, Professor Emeritis of Surgery, Temple University, was the guest speaker at a recent meeting of the Staff of Riverside Hospital, Jacksonville. The subject of his address was "The Management of Carcinoma of the Large Bowel."

The American Association of Obstetricians, Gynecologists and Abdominal Surgeons announces a Foundation Prize Contest. For further information write Dr. James R. Bloss, Secretary, 418 Eleventh St., Huntington 1, W. Va.

The Second Southern Assembly, comprising the states of Florida, Georgia, Alabama, Mississippi and Louisiana, of the United States Chapter of the International College of Surgeons was held at the Floridan Hotel in Tampa on Feb. 28, 1947. The one day scientific session was followed by a banquet at the Tampa Terrace Hotel.

Surgeons of wide renown who addressed the assembly included Dr. Chevalier Jackson, Philadelphia; Dr. Ralph Adams, Boston; Dr. Max Thorek, Chicago; Dr. Phil Thorex, Chicago; Dr. Moses Behrend, Philadelphia; Dr. Herbert Acuff, Knoxville, Tenn.; Dr. Fred Douglas, Toledo, Ohio; Dr. Wayne Babcock, Philadelphia; Dr. Gilbert Douglas, Birmingham, Ala.; Dr. A. A. Berg, New York; Dr. Lowraine E. McCrea, Philadelphia; Dr. Curtis Lee Hall, Washington, D. C.; and Dr. Harry Bacon, Philadelphia.

Dr. J. C. Pate, Sr., Regent, State of Florida, United States Chapter, International College of Surgeons, served as general chairman of the assembly, and Dr. A. R. Beyer was general chairman of arrangements. Dr. A. M. C. Jobson was in charge of entertainment.

MEDICAL OFFICERS RETURNED

Dr. Cecil C. Collins, Jr., who entered military service on July 7, 1941, received his discharge on Oct. 31, 1946. His address is 1704 Main St., Jacksonville. He held the rank of Commander.

Dr. Thomas S. Adams, who entered military service Nov. 1, 1939, received his discharge on Jan. 1, 1947. His address is 609 Lynch Bldg., Jacksonville. He held the rank of Captain in the Navy.

Dr. Gilbert S. Osincup, who entered military service May 11, 1942, received his discharge on April 1, 1946. His address is Amherst Apts., Orlando. He held the rank of Lieut. Colonel, U. S. P. H. S.

Dr. William H. Kupper, who entered military service in August 1942, received his discharge in March 1946. His address is 12046 Coyne Street, West Los Angeles, California. He held the rank of Captain in the Army.

Dr. B. B. Sory, Jr., who entered military service on Aug. 3, 1942, received his discharge Dec. 30, 1945. His address is 151 So. County Road, Palm Beach. He held the rank of Commander.

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1. Eggleston, C., in Cecil, R. L.: A Textbook of Medicine, ed. 6, Philadelphia, W. B. Saunders Company, 1943, p. 1154.

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BIRTHS AND DEATHS

Births

Dr. and Mrs. Sidney Halpern, announce the birth of a daughter, Vivian Sylvia, on March 5, 1947.

Deaths — Members

Dr. Frank R. Morrow, Miami—March 5, 1947.
Dr. John A. Newnham, West Palm Beach—March 19, 1947.

COMPONENT COUNTY SOCIETIES

DUVAL

At the March meeting of the Duval County Medical Society the scientific program was presented by Dr. Rawley Penick, Associate Professor of Surgery, Tulane University, New Orleans. The subject of his illustrated lecture was "The Preparation of the Thyrotoxic Patient."

The first issue of the Bulletin of the Duval County Medical Society published by the new Editorial Committee appeared in February. Editorially, Dr. E. F. McCall, Chairman, stressed the value of group discussions as one of the easiest and quickest sources of valuable information for physicians. He mentioned with pride the many clinics and conferences available in Jacksonville, among them the conference of the Medical, Surgical and X-ray departments at St. Luke's Hospital, the tumor clinic, clinicopathologic conference, and grand medical and surgical ward rounds at the Duval County Hospital, and the pathologic conference at St. Vincent's Hospital, all held weekly at times chosen with a view to fitting into the daily routine of the majority. Not only staff members but all physicians who have visiting privileges are welcomed and urged to attend these conferences. The conferences and ward rounds at the County Hospital are open to all members of the Duval County Medical Society.

ESCAMBIA

The regular monthly meeting of the Escambia County Medical Society was held on Feb. 11, 1947, with the President, Dr. S. G. Kennedy, presiding. Progress made in completing plans for a proposed Cancer Clinic under the auspices of the society were reported by Dr. W. C. Payne for the Supervisory Committee, and he announced that Dr. J. J. McGuire had been selected to serve as Director of the Clinic. Dr. Roger F. Sondag of the State Board of Health described the organization and function of the Cancer Control Clinic in Jacksonville and directed attention to this board's tissue diagnostic service accessible to all physicians.

Dr. Lawrence C. Farrior and Dr. W. F. Evans were unanimously elected to membership in the society. Authorization was given for the entertainment at the regular meeting in March of the medical departments of the United States Naval Hospital, of the Naval Air Training Bases, and of the members of the profession in nearby communities of Florida and Alabama.

Dr. Joseph L. Rubel presented an interesting paper on "Aerodynia," which was discussed by Drs. A. W. White and E. V. Anderson.

At the regular meeting of the Escambia County Medical Society on March 11, 1947, the guest speaker was Dr. Robert B. McIver of Jacksonville. His subject was "The Diagnosis and Surgical Management of Abdominal Pain in Noncalculus Obstruction of the Upper Urinary Tract." Members contributing to the scientific program were Dr. Nathan S. Rubin, who presented a paper on "Internal Eye Changes in General Disease," and Dr. Arthur J. Butt, Jr., who presented a paper on "Chronic Urethritis in the Female (A Clinical Entity)."

Special guests were members of the Staffs of the United States Naval Hospital of the Naval Air Training Bases, Pensacola. They were welcomed by Dr. S. G. Kennedy, President, with


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responses by Captain O. Davis and Captain L. Iverson of the United States Navy.

PINELLAS

The regular monthly meeting of the Pinellas County Medical Society was held at the Essex House in St. Petersburg on March 6, 1947, with President Quicksall presiding. The application of Dr. G. Timberlake for honorary membership was granted. The following applicants were unanimously elected to membership: Drs. Roderic Lee Boling, Lamar Lucius Knight, John W. Williams, Frank Lewis Price, John Porter Ferrell, Irwin Snyder Leinbach, Joseph James Regan, George Frederick Hieber and Ernest R. Barnett.

During the scientific session, conducted by Dr. M. E. Black, a paper on Public Health Problems was presented by Dr. R. D. Hollowell. Mr. Frank Hayes, Sanitation Officer of the Pinellas County Health Unit, presented a motion picture on Tuberculosis, which was discussed by Dr. E. J. Teagarden. Mr. Hayes then presented a second motion picture showing the Florida Tuberculosis Sanitorium, its operations and personnel.

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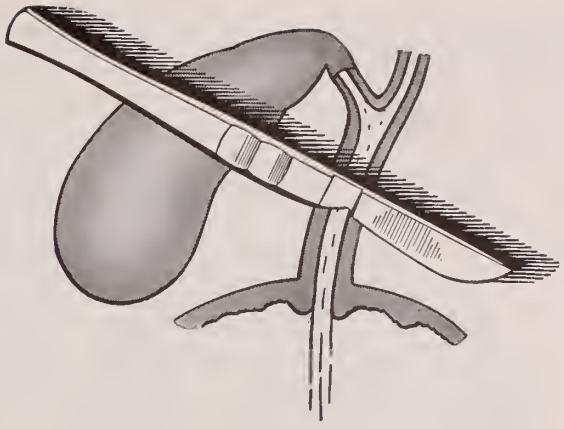
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Two Weeks Surgical Anatomy & Clinical Surgery starting May 12, June 9, July 21, August 18, September 22.
One Week Surgery of Colon & Rectum starting May 5, June 2, September 15, November 3.
Two Weeks Surgical Pathology every two weeks.
FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting June 16, October 6.
GYNECOLOGY — Two Weeks Intensive Course starting May 12, June 16, September 22.
One Week Course in Vaginal Approach to Pelvic Surgery starting May 5, June 2, September 15, October 13.
OBSTETRICS—Two Weeks Intensive Course starting June 2, September 8, and October 6.
MEDICINE—Two Weeks Intensive Course starting June 2, October 6.
Two Weeks Gastroenterology starting June 16, October 20.
One Month Course Electrocardiography & Heart Disease starting June 16, September 15.
Two Weeks Intensive Course in Electrocardiography and Heart Disease starting August 4.
One Week Course in Hematology starting September 29.
DERMATOLOGY & SYPHILOLOGY — Two Weeks Course starting June 16, October 20.

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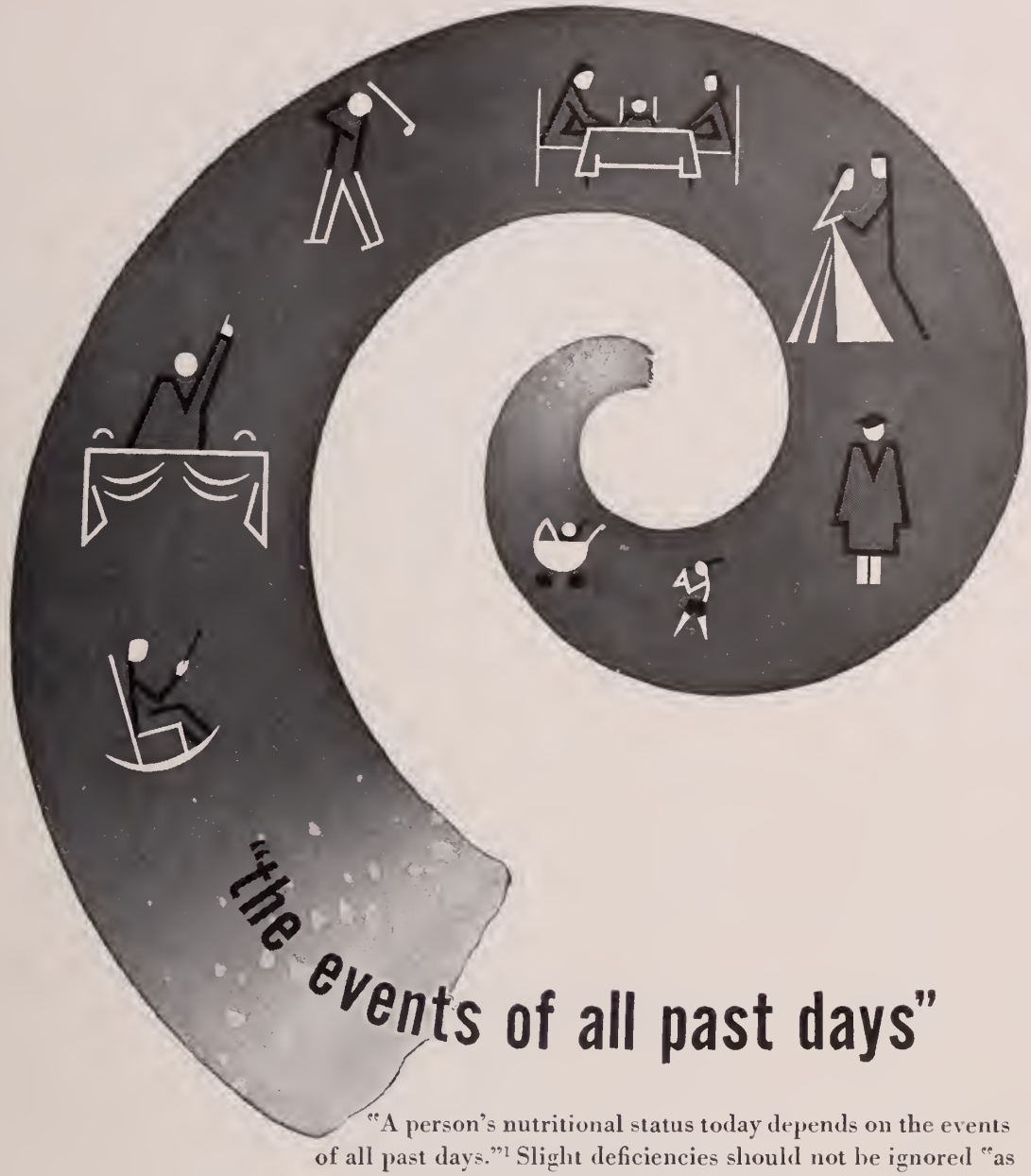
SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	Shaler Richardson, Jacksonville	Robert B. McIver, Jacksonville	Miami
Florida Medical Districts	Herbert E. White, St. Augustine	Council Chairman	
A-Northwest	G. Wilmot Brown, Tallahassee	William C. Roberts, Panama City	
B-Northeast	C. McK. Tyre, Eustis	Vernon A. Lockwood, St. Augustine	
C-Southwest	W. Wardlaw Jones, Dade City	James R. Boulware, Lakeland	
D-Southeast	E. M. Hendricks, Ft. Lauderdale	Adrian M. Sample, Ft. Pierce	
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Carl A. Grote, Huntsville, Ala.	Douglas L. Cannon, Montgomery	Birmingham
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga.	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	Miami, 1947
Basic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	Gainesville, May 31, 1947
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	Samuel F. Ricker, Orlando	Wesley W. Wilson, Tampa	Miami, 1947
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	Miami, 1947
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt, Miami	J. H. Mitchell, Jacksonville	Miami
Medical Examining Board	J. B. Kollar, Vero Beach	H. D. Van Schaick, Miami	Jacksonville, June 24-25, 1947
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert A. White, St. Augustine.	Jacksonville, June 19,1947
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	Miami, 1947
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	Miami, 1947
Pediatric Society	Councill C. Rudolph, St. Petersburg	Robert Blessing, Ft. Lauderdale	Miami, 1947
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	Tampa, May 13-15,1947
Public Health Association	Frank M. Gray, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	Miami, 1947
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	Miami, 1947
E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Atlanta, Ga., Mar. 8-11, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		12	100%	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Ruhin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	55	49	
A	Franklin-Gulf	T. Mcriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	6		
A	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
A	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
B	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	17	12	A-2-47 G. Wilmot Brown, M.D. Tallahassee
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	41	36	
B	Madison-Suwannee	Joshua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak	[illegible]	10	8	
B	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	173
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Wednesday 7:30 P.M.	32	23	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
B	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	214	167	
B	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	30	23	
B	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
B	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	9	
B	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. R. Cafaro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	15	14	
C	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	9	B-4-47 C. McK. Tyre, M.D. Eustis
C	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	19	11	
C	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	122	114	
C	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
C	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	53	40	529
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	138	14	C-5-47 W. Wardlaw Jones, M.D. Dade City
C	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	15	100%	
C	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	11	
C	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	140	139	
C	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrill Apts. Sarasota	2nd Tuesday 8:30 P.M.	25	24	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula	2nd Tuesday 8:00 P.M.	20	100%	C-6-48 James R. Boulware, M.D. Lakeland
C	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Leon Bldg Fort Myers	3rd Tuesday 7:30 P.M.	20	13	
C	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	73	59	444
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	85	68	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	13	
D	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. 2421 Boulevard Hollywood	4th Tuesday 8:00 P.M.	60	6	D-8-47 E. M. Hendricks, M.D. Ft. Lauderdale
D	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	403	305	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	8	2	573

*Supervise and aid until organized separately.

Total 1719



"the events of all past days"

"A person's nutritional status today depends on the events of all past days."[1] Slight deficiencies should not be ignored "as if they were without effect." for "partially, indeed slightly deficient diets eaten regularly and periodically over many years have their consequences."[1] Such nutritional delinquency often takes its greatest toll under the stress of illness, surgery, pregnancy, lactation, or accident. For depleted tissues, Upjohn vitamins provide a wide range of dosage forms for therapy or supplementation, in preparations adapted to oral and parenteral administration in the practice of medicine and surgery.

1 National Research Council Bull. No. 109, 1943, pp. 18-21.

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BRIEF HISTORICAL NOTES ON MEAD'S CEREAL, PABLUM AND PABENA

HAND in hand with pediatric progress, the introduction of Mead's Cereal in 1930 marked a new concept in the function of cereals in the child's dietary. For 150 years before that, since the days of "pap" and "panada," there had been no noteworthy improvement in the nutritive quality of cereals for infant feeding. Cereals were fed principally for their carbohydrate content.

The formula of Mead's Cereal was designed to supplement the baby's diet in minerals and vitamins, especially iron and thiamine. How well it has succeeded in these functions may be seen from two examples:

(1) As little as one-sixth ounce of Mead's Cereal* supplies over 50% of the iron and 20% of the thiamine minimum requirements of the 3-months-old infant. (2) One-half ounce of Mead's Cereal furnishes all of the iron and 60% of the thiamine minimum requirements of the 6-months-old baby.

That the medical profession has recognized the importance of this contribution is indicated by the fact that cereal is now routinely included in the infant's diet as early as the third or fourth month instead of at the sixth to twelfth month as was the custom only a decade or two ago.

In 1933 Mead Johnson & Company went a step further, improving the Mead's Cereal mixture by a special process of cooking, which rendered it easily tolerated by the infant and at the same time did away with the need for prolonged cereal cooking in the home. The result is Pablum, an original product which offers all of the nutritional qualities of Mead's Cereal, plus the convenience of thorough scientific cooking.

During the last twelve years, these products have been used in a great deal of clinical investigation of various aspects of nutrition, which have been reported in the scientific literature.

Many physicians recognize the pioneer efforts on the part of Mead Johnson & Company by specifying Mead's Cereal and PABLUM—and also the new Pablum-like oatmeal cereal known as PABENA.

*Pablum, the precooked form of Mead's Cereal, has practically the same composition: wheatmeal (farina), oatmeal, cornmeal, wheat embryo, beef bone, brewers yeast, alfalfa leaf, sodium chloride, and reduced iron.

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The JOURNAL of the Florida Medical Association, Inc.

Vol. XXXIII JUNE, 1947 No. 12

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Shaler Richardson

Convention Proceedings
Page 694

New Officers of the Association
Page 722

Graduate Short Course
An Editorial

(Complete Table of Contents Page 664)

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Cook County
Graduate School of Medicine
ANNOUNCES CONTINUOUS COURSES

SURGERY—Two Weeks Intensive Course in Surgical Technique starting July 21, August 18, September 22.
Four Weeks Course in General Surgery starting July 7, August 4, September 8, October 6.
Two Weeks Surgical Anatomy & Clinical Surgery starting July 21, August 18, September 22.
One Week Surgery of Colon & Rectum starting September 15 and November 3.
Two Weeks Surgical Pathology every two weeks.
FRACTURES & TRAUMATIC SURGERY—Two Weeks Intensive Course starting June 16, October 6.
GYNECOLOGY — Two Weeks Intensive Course starting September 22, October 20.
One Week Course in Vaginal Approach to Pelvic Surgery starting September 15, October 13.
OBSTETRICS—Two Weeks Intensive Course starting September 8, October 6.
MEDICINE—Two Weeks Intensive Course starting October 6.
Two Weeks Gastro-enterology starting October 20.
One Week Course in Hematology starting September 29.
One Month Course Electrocardiography & Heart Disease starting June 16, September 15.
Two Weeks Intensive Course in Electrocardiography and Heart Disease starting August 4.
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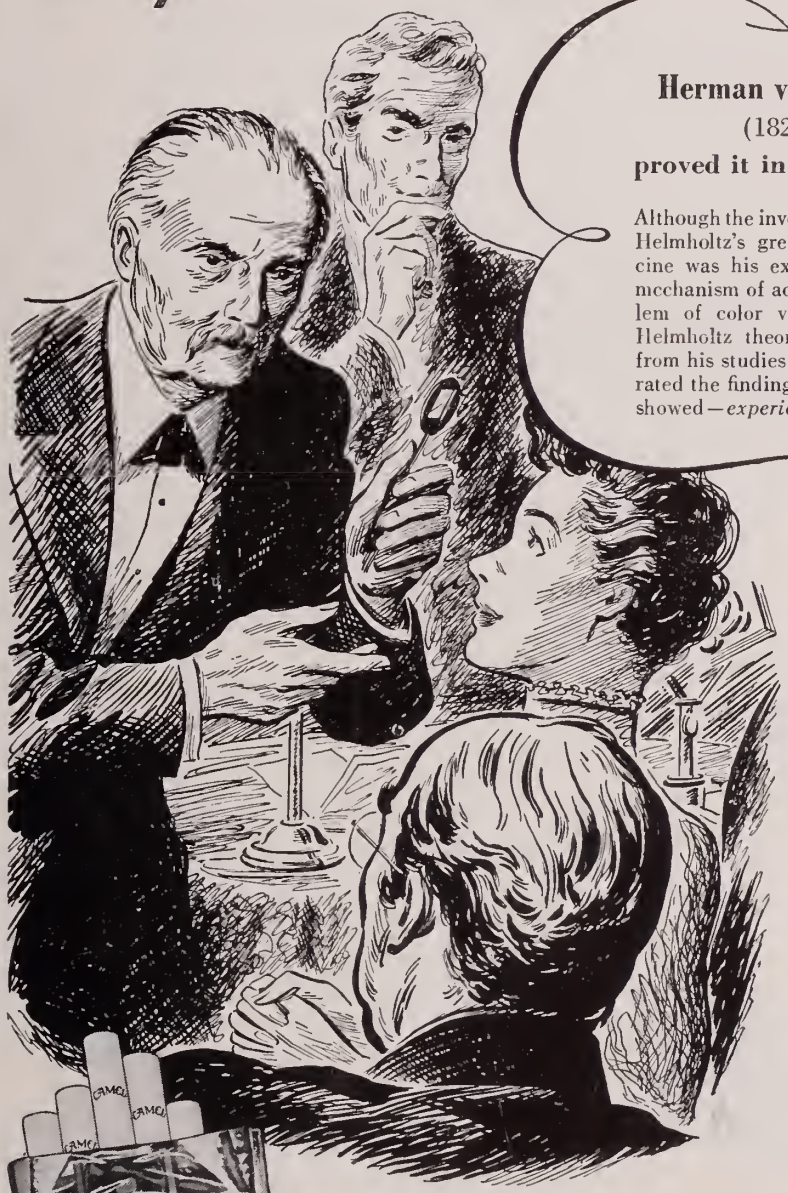
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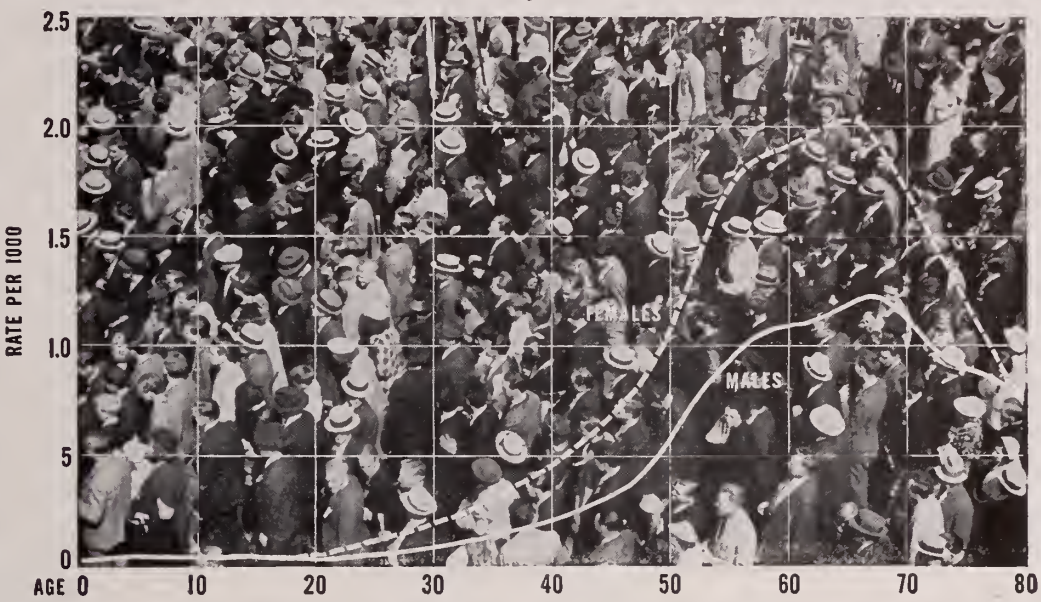
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CHANCES PER THOUSAND OF BECOMING DIABETIC WITHIN THE YEAR OF AGE. Adapted from Statistical Bull.2



Of our present population, about 4,000,000 will become diabetic sometime in their lives. More than 4% of females and 2% of males under 50 will acquire the disease. With an increase of 50,000 a year, their number will grow in the next few decades at a rate greater than that of the total population. When our population reaches its expected maximum in 1985, it will be 22% larger than in 1940—but by then the diabetic population may increase by 74%![1,2]

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1. Spiegelman, M., and Marks, H. H.: Am. J. Pub. Health 36:26 (Jan.) 1946. 2. Statistical Bull., Met. Life Ins. Co. 27:6 (Feb.) 1946.

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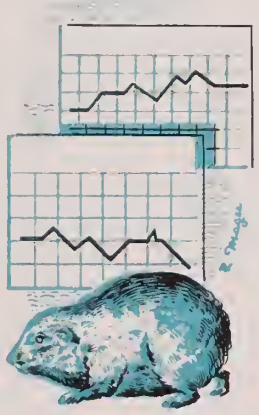
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NUMBER 80 OF A SERIES HONORING THE CONTRIBUTIONS OF EMINENT PERSONALITIES OF MEDICINE AND PHARMACY

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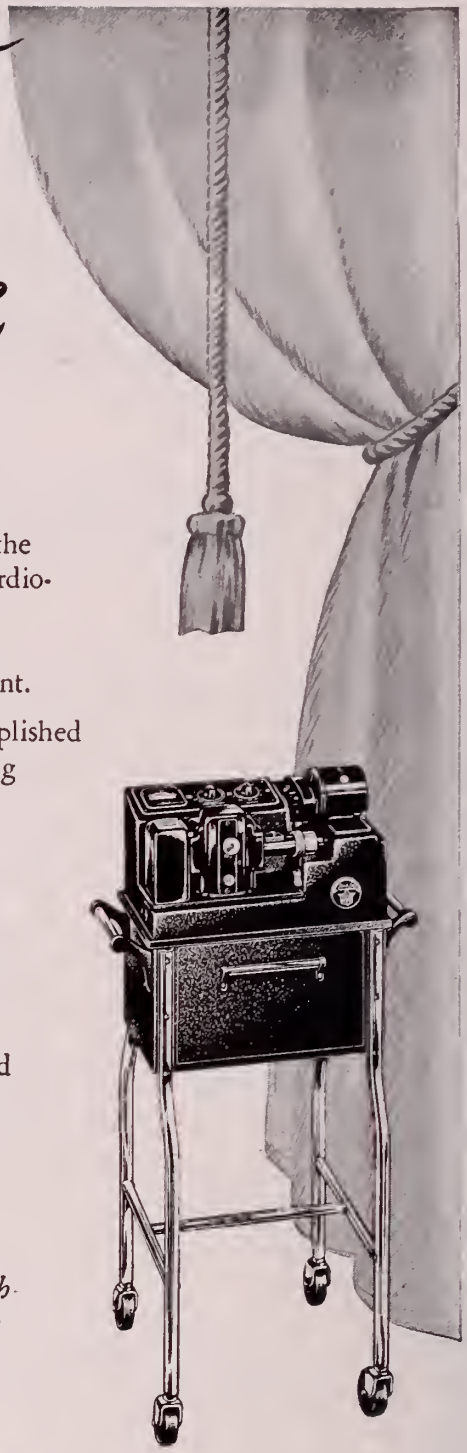
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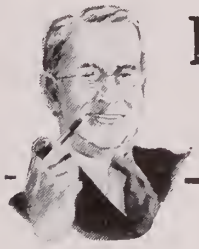
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by Joe Marsh

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From where I sit, more of us ought to make a trip like the Hackneys—to realize how America is bigger than its many differences... how *tolerance* of those differences is the very thing that makes us strong.

Joe Marsh

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BIBLIOGRAPHY

1. Richards, R. K., and Everett, G. M. (1944), Analgesic and Anticonvulsant Properties of 3,5,5-Trimethyloxozolidine-2,4-dione (Tridione), Federation Proc., 3:39, March.

2. Goodman, L., and Manuel, C. (1945), The Anticonvulsant Properties of Dimethyl-N-methyl Barbituric Acid and 3,5,5-Trimethyloxozolidine-2,4-dione (Tridione), Federation Proc., 4:119, March.

3. Goodman, L. S., Toman, J. E. P. and Swinyard, E. A. (1946), The Anticonvulsant Properties of Tridione, Am. J. Med. 1:213, September.

4. Richards, R. K., and Perlstein, M. A. (1946), Tridione, a New Drug for the Treatment of Convulsive and Related Disorders, Arch. Neurol. and Psychiat., 55:164, February.

5. Lennox, W. G. (1945), The Treatment of Epilepsy, Med. Clin. North America, 29:1114, September.

6. Thorne, F. C. (1945), The Anticonvulsant Action of Tridione: Preliminary Report, Psychiatric Quart., 19:686, Oct.

7. Lennox, W. G. (1945), Petit Mal Epilepsies: Their Treatment with Tridione, J. Amer. Med. Assn., 129:1069, Dec. 15.

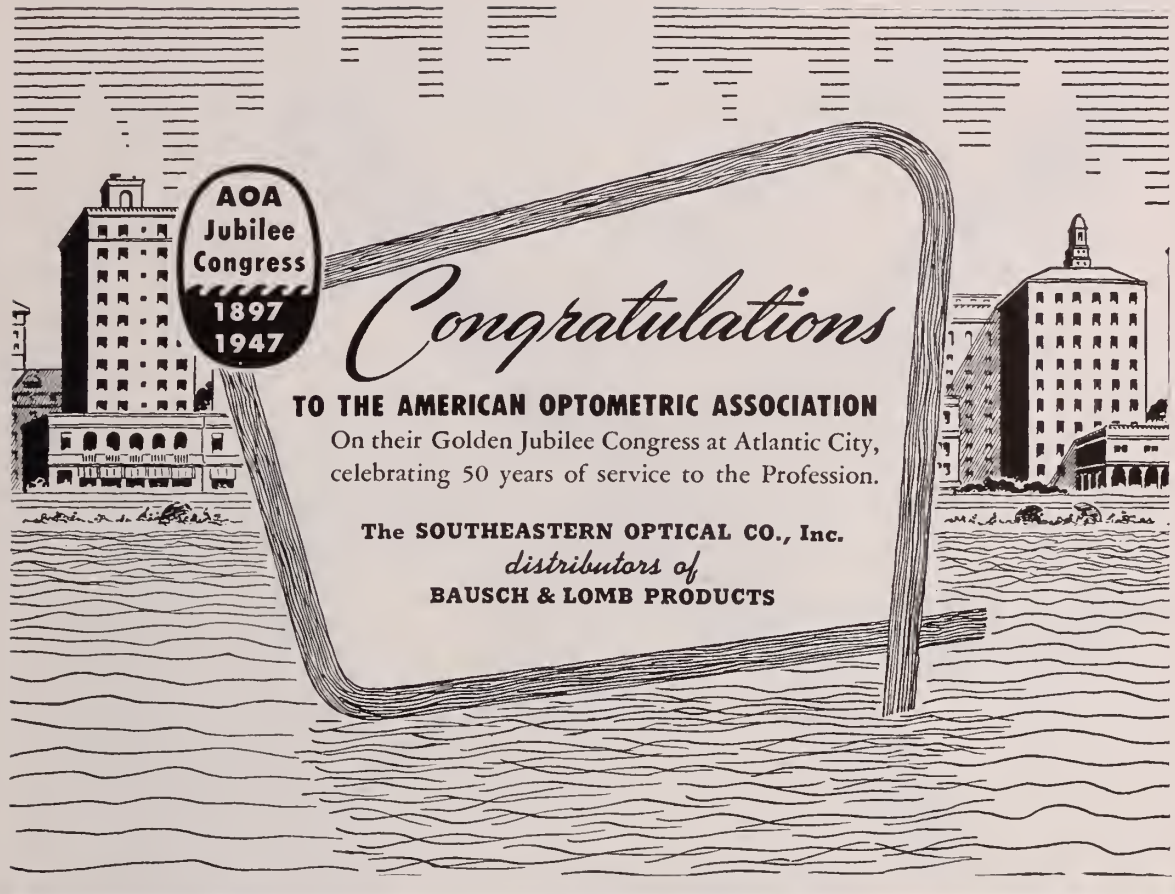
8. Lennox, W. G. (1946), Newer Agents in the Treatment of Epilepsy, J. Pediat. 29:356, September.

9. DeJong, R. N. (1946), Effect of Tridione in Control of Psychomotor Attacks, J. Amer. Med. Assn., 130:565, March 2.

10. Perlstein, M. A., and Andelman, M. B. (1946), Tridione: Its Use in Convulsive and Related Disorders, J. Pediat. 29:20, July.

11. Lennox, W. G. (1946), Two New Drugs in Epilepsy Therapy, Am. J. Psychiatry, 103:159, September.

12. DeJong, R. N. (1946), Further Observations on the Use of Tridione in the Control of Psychomotor Attacks, Am. J. Psychiatry, 103:162, September.


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1. Surg., Gynec. and Obst **74**:390 (Feb. 16) 1942.

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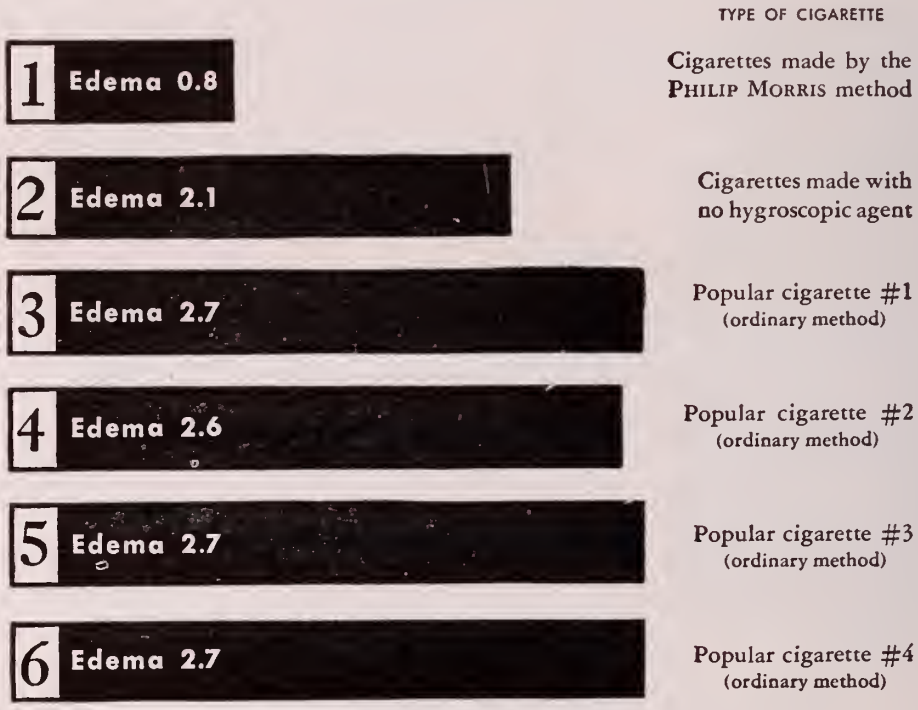
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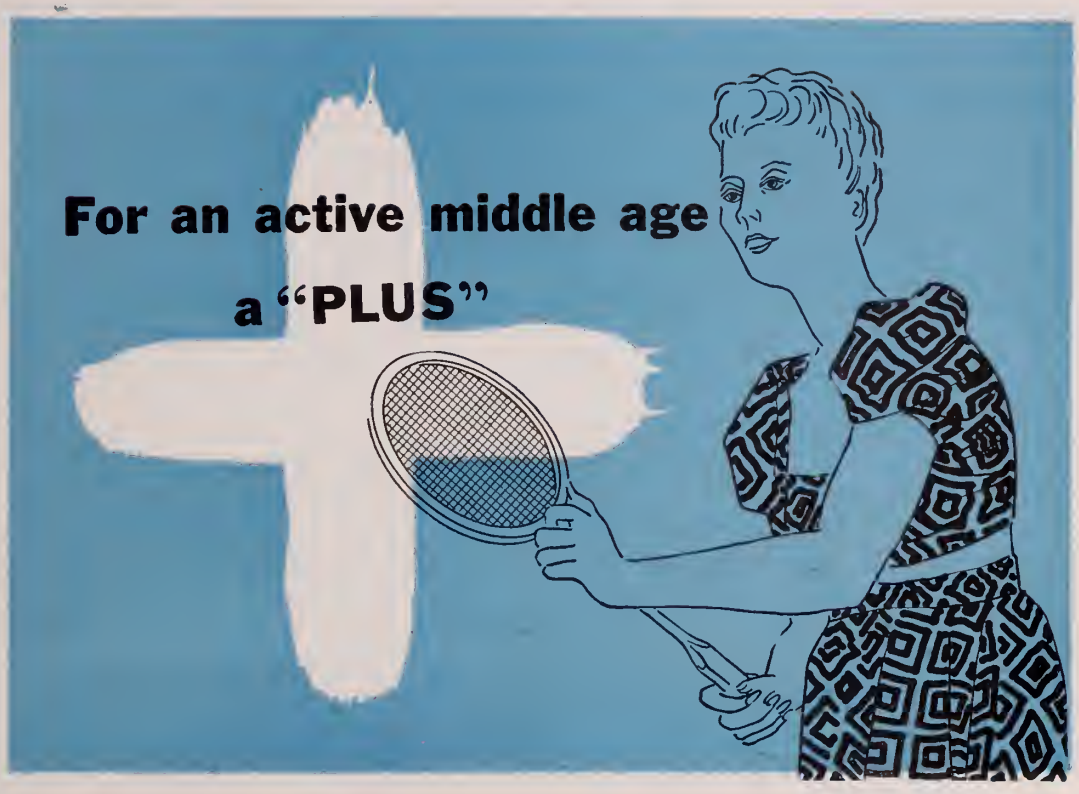


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N. Y. State Journ. Med. 35 No. 11,590* *Laryngoscope 1935, XLV, No. 2, 149-154*

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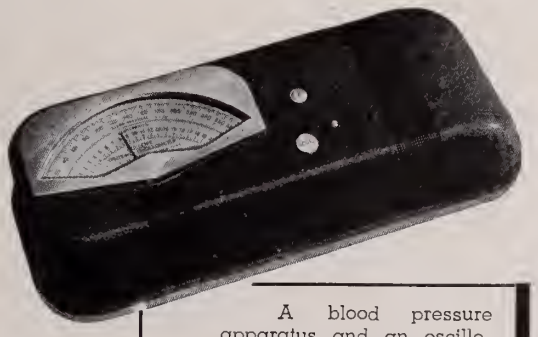
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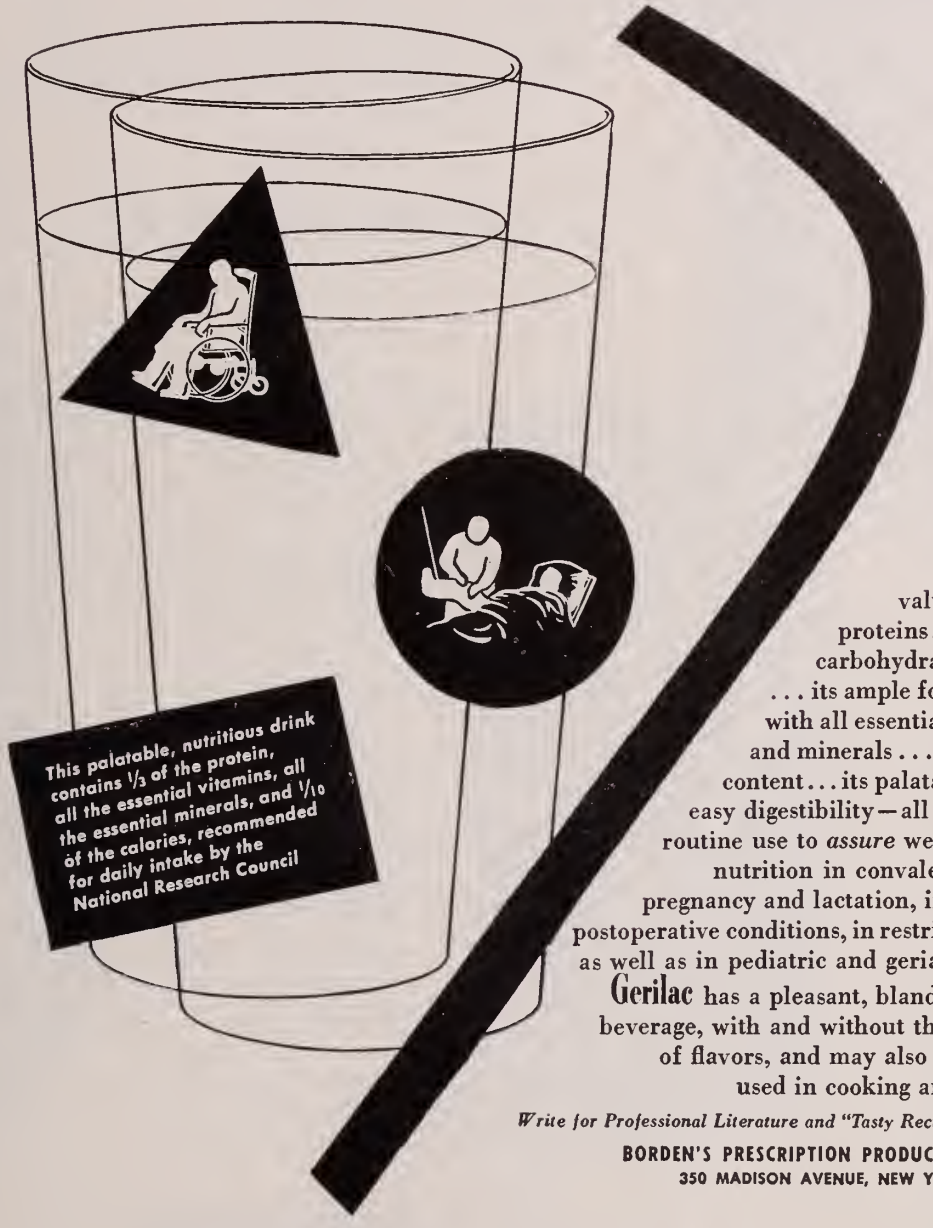
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Fortunately, doctors today have a number of effective methods of treatment at their command.

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*Vital Statistics—Special Reports: Vol. 25, No. 12, National Office of Vital Statistics, Washington, D. C. (Oct. 15) 1946, p. 206.

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THE JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION
PUBLISHED MONTHLY

Vol. XXXIII | Jacksonville, Florida, June, 1947 | No. 12

PRESIDENT'S ADDRESS

SHALER RICHARDSON, M. D.
JACKSONVILLE

No thinking person would question that transition characterizes the present era. Certainly no informed physician would deny that the impact of the surging tides of change has made tremendous inroads upon medicine, perhaps as upon no other profession up to the present time. At the beginning of the year now closing, one could hardly look with equanimity at the critical period ahead, nor could one reasonably expect the perplexing problems facing the Association, and organized medicine as a whole, to be solved even partially in the brief period of twelve months. Yet it is my pleasure to report that milestones of progress have marked the year's work of the Association. Not the least of these is a net gain in membership of almost 200.

ELECTION CHANGE

Of immediate moment is a progressive step embodying a change of procedure. At the first meeting of the House of Delegates, the Board of Governors will recommend changing the election of officers from the general session to the House of Delegates. This proposed change was received favorably at all of the medical district meetings last October. Because the necessary facilities for the annual meeting are available only in the larger cities where there is large local membership and since only about one third of the members are able to attend the convention each year, there is not statewide representation in the election under the present plan. Holding the election in the House of Delegates makes full representation possible, for one delegate for every twenty members is elected and instructed by each county medical society. In the event of this change, it is also recommended that the annual report of the component societies be based on the preceding calendar year and submitted not later than February 1.

VETERANS' CARE

The Florida Plan for Veterans' Care is a noteworthy milestone of progress during the year. Dr. Frederick H. Bowen headed a special committee which negotiated a contract and fee schedule with the Veterans Administration providing for the care of certain types of veteran patients by physicians in private practice in their home communities. The Plan has now been in operation for some time, and representatives of the Veterans Administration report that it is working well so far. Negotiations are now under way for broadening the fee schedule to cover many more items.

All of the members of the Association are requested to participate in this program. Only about half (54 per cent) of the members to whom questionnaires were sent regarding this undertaking replied, but of the 475 who did reply, 400, or 84 per cent, agreed to participate. As the Plan becomes better known and its scope is broadened, many more members will no doubt wish to be approved for appointment as fee-designated physicians of the Veterans Administration.

MEDICAL SERVICE CORPORATION

An especially important milestone marking the year's progress is the successful launching into actual operation of the Florida Medical Service Corporation. The first contract was sold on Aug. 1, 1946, and on April 14, 1947, Mr. H. A. Schroder, Executive Director, reported an enrolment of 13,432 members and a monthly income in excess of $6,000. Up to that time 113 claims had been filed, and 88 physicians had been paid; only 10 cases had been disapproved, and the others were pending for further information. The Plan now has a reserve in excess of $3,000 in addition to the amount loaned by individual members of the Association.

More than 1,100 members of the Association signed the agreement to participate in the Plan. This number, representing only about 64 per cent of the membership, is by no means enough. The remaining members are urged to cooperate so that the membership may give 100 per cent backing to this project which was conceived and initiated by the Association and remains under its guidance. As now set up, it furnishes only surgical and

Delivered before the Seventy-Third Annual Meeting of the Florida Medical Association, Miami, April 22, 1947.

obstetric care, but as experience is gained, its scope will be broadened to include medical and other benefits. Letting this movement lag at this time because of lack of interest on the part of a sizeable proportion of the members of the Association is but an invitation to socialized medicine. Dr. Leigh F. Robinson and his able associates in this timely enterprise deserve great credit for its initial success.

BLUE CROSS PLAN

It is of interest to all of the members that the Florida Hospital Service Corporation reports phenomenal success of the Blue Cross Plan. In the last twelve months the enrolment has more than doubled; on March 31, 1946, it was 39,000, and on March 31, 1947, it was 84,442. At present there is a monthly average of approximately 775 patients who are residents of Florida; in addition, about 300 nonresident patients from Blue Cross Plans in other states are cared for. Payments to the hospitals of Florida average over $40,000 each month.

PUBLIC RELATIONS BUREAU

Highlighting the year's milestones of progress is the success in getting under way the Public Relations Bureau authorized by the House of Delegates at the last annual meeting. Plans for the creation and incorporation of this Bureau on a nonprofit basis were approved at the September meeting of the Board of Governors. To insure protection for and freedom from interference in the administration of the Association, the Board of Governors deemed it wise to establish a separate corporation.

The special committee working with me in carrying out the will of the Association in this matter has found it expedient, indeed imperative, to make haste slowly in developing the plan for the Public Relations Bureau. In this new departure the Association follows the lead of the American Medical Association and numerous state medical associations, and with them elects to proceed cautiously. Those who have become familiar with the various ramifications of the matter well understand the necessity for thorough investigation of every phase. It has been the consensus of the Board of Governors that speed of organization should be sacrificed to caution, and developments have borne out this wise decision.

After carefully considering a large number of applications, of which some fifteen were reviewed by the Board of Governors, and after holding numerous personal interviews, the committee recently chose Mr. Ernest R. Gibson as Director of the Public Relations Bureau. It is with particular pleasure that I announce this appointment for Mr. Gibson is a young man of broad experience in public relations work and is eminently fitted for the position. He has resided in Florida for two years, and both his educational background, including premedical training, and the diversified contacts he has enjoyed with the public should make him an ideal selection. He is already at work, and I trust that each and every member will lose no single opportunity to expedite the task that lies before him.

At present the Board of Governors is considering the advisability of employing a public relations firm to conduct a survey and make recommendations looking to statewide progress. The American Medical Association and a number of state medical societies have found such an investment most profitable.

Obviously, the chief aim of the Public Relations Bureau is to demonstrate that organized medicine has the public welfare at heart, unfortunate as it is that the laity has come to require such assurance. Among the many other aims are to attract more well qualified physicians to any areas where there is need, to publicize properly a constructive program for wider distribution of medical care, to aid in the extension of voluntary nonprofit health service plans by educating both the rural and the urban citizenry as to their merits, availability and economy, to oppose socialized medicine, to investigate legislation and advise upon its value, to stimulate the interest of youth in medicine and allied professions, and to foster interest in postgraduate study within the profession. Additional objectives are to encourage the exposure of quacks and unethical practices in medicine, to publicize present progress toward and future plans for high quality of medical care, to stimulate interest in personal health and to supply educational material on the subject, and lastly to encourage complete cooperation of the professions and the people in a constructive health program.

The functions of the Bureau are numerous. It endeavors to use newspaper and radio publicity to the best advantage and to promote and maintain cordial press relations in disseminating information designed to increase public support for the system of private practice of medicine. Motion

pictures, posters, pamphlets and other literature have their place in promoting the objectives as do speakers' bureaus and all other legitimate means of carrying forward to persons in all walks of life through schools, organizations and other groups messages of factual content persuasively presented. Too, a primary function is helping the physician to become thoroughly public relations conscious. The attainment of this goal determines in large measure the degree of success of the entire program, for ultimately improving public relations in medicine means improving the individual relationship between the physician and the layman. I bespeak the wholehearted support of every member in making this venture a great success and a wise investment.

MEDICAL DISTRICT MEETINGS

In October, under the able leadership of Dr. Herbert E. White, Chairman of the Council, and the eight Councilors, the medical district meetings were resumed. During the week spent attending these four meetings the officers and lecturers found the interest and attendance most gratifying. That approximately as many members were present as attend the annual meeting emphasizes the importance of these gatherings and the opportunity for informal fellowship.

A UNITED FRONT

Unfortunately, in some county medical societies there is a great deal of bickering and bitterness of spirit. When the members of these component groups are unable to settle their differences and unite in a constructive program, the cause of medicine throughout the state suffers. If ever there was a time to forget petty differences and present a united front, it is now. Because the Wagner-Murray-Dingle bill is temporarily defeated is no sign the fight to regiment medicine is lost. This obnoxious piece of legislation is rising again in various guises. Already, bills relating to certain phases of it are before the Congress, and more will undoubtedly follow. The approach is subtle; these measures are foundation stones in the proposed huge superstructure of complete governmental control of medicine. In time, the proponents of this plan of regimentation, unless checkmated by a wary profession and an informed public, will have enacted into law piecemeal enough bills relating to health legislation to be unified into one over-all measure that would in reality be socialized medicine.

TRAINING MEDICAL STUDENTS

A matter of particular concern at the present time is the attitude of recent graduates of medical schools toward socialized medicine. Strongly reflected in this attitude all too often is the influence brought to bear favoring, or at least not discouraging, this evil by full time faculty members, many of whom have never practiced medicine. It would seem that some time should be devoted in medical schools to teaching the value of organized medicine and what it may mean to the student after graduation. Surely there is hardly a member of the Association who does not at some time have opportunity to impress upon the fledglings in the profession the advantages of affiliation with organized medicine and to urge upon them the importance of becoming active in their county and state organizations.

IN APPRECIATION

To the members of the Board of Governors I desire to express my sincere appreciation for the excellent service they have rendered throughout the year. They have given freely of their time and have traveled far to attend the four meetings held. They have given 100 per cent cooperation and have worked hard. Too, there has been unanimity of opinion among them on the important matters with which they have wisely and successfully dealt. The Association is indebted to them for the highly efficient service they have rendered.

Likewise to the officers and the members of the numerous committees, and especially to Dr. Stewart G. Thompson, Managing Director, I wish to express genuine appreciation for their efforts during the year. To them the entire membership is under obligation for the gratifying measure of progress made since the last annual meeting.

It has been my pleasure and privilege to serve the Association in some official capacity for twenty-six years. I trust that my service has been constructive. The reward for the time, thought and energy gladly expended in this labor of love has been abundant. The contacts made over the state, the ever widening circle of friends among my colleagues and the many happy associations with the members that have come to me through the years have enriched my life beyond measure. For the confidence you have imposed in me and the honors you have bestowed upon me, I thank you.

111 West Adams Street,

PROCEEDINGS

Seventy-Third Annual Meeting

of the

FLORIDA MEDICAL ASSOCIATION

HELD AT MIAMI

APRIL 21, 22, and 23, 1947

GENERAL SESSIONS

FIRST GENERAL SESSION

The Seventy-third Annual Meeting of the Florida Medical Association was called to order at 1:50 p. m., Monday, April 21, in the Municipal Auditorium, Miami, by President Shaler Richardson.

Invocation by Everett S. Smith, D. D., Minister, First Christian Church, Miami.

Dr. Warren W. Quillian, president of the Dade County Medical Society, was introduced and gave the address of welcome.

Dr. E. C. Swift, first vice president, took the chair and called on Dr. Shaler Richardson to deliver the presidential address. (*See page 691*).

Dr. Swift relinquished the chair and turned the gavel over to President Richardson.

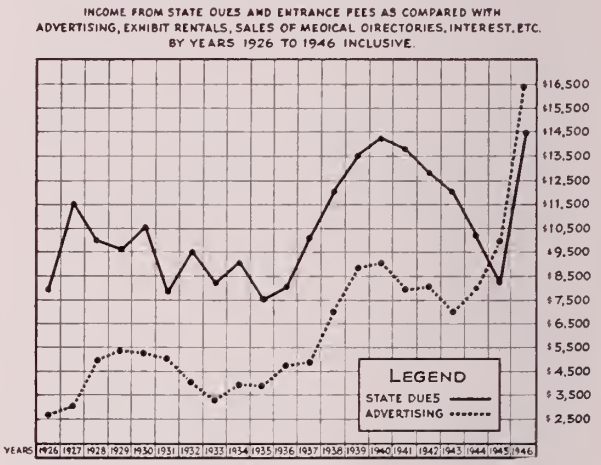
The following report of the secretary-treasurer and managing director was read by Dr. McIver:

REPORT OF SECRETARY-TREASURER, DR. ROBERT B. McIVER, AND MANAGING DIRECTOR, DR. STEWART G. THOMPSON

Mr. Chairman, Members of the Association and Guests:

The activities of the Association are continually expanding, and the membership has increased phenomenally during the last year. The membership on March 20, 1947 totalled 1,719, which, compared with 1,524 for the previous year, represents a net gain of 195. Dues are not collectible from 140 members, of whom 86 are life and honorary members, 21 in military service and 33 secretaries of county medical societies. Of the 486 members who were in military service, all except 21 have returned.

It is of interest to compare the income from dues with the income from advertising during the last twenty-one years, exclusive of the 1947 figures in the financial statements this year. In 1926, the income from dues was $7,834.00, and the income from advertising was $2,530.83, which indicates that the major part of the revenue was secured through the collection of dues. In 1946, the income from dues and entrance fees totaled $14,560.00 as compared with a total of $16,472.21 from advertising and exhibits. In 1946, therefore, the income from advertising exceeded the income from dues by nearly $2,000.00. During the war, members in military service were not required to pay dues. It is gratifying to note that during that period revenue from other sources was obtained to such an extent that it was not necessary to call on the members at home to pay more dues in order to carry the overhead expenses in connection with the Association's affairs.



MEDICAL DIRECTORY

Copy for the tenth annual Florida Medical Directory was turned over to the printer on February 11. Galley proof on only part of one table has been received as this report is being prepared. The contents of this year's Directory will be old before it is published. Difficulties in the printing plants have created a real problem. During the war years we were fighting what seemed to be insurmountable difficulties. It was our hope, however, that the 1947 Directory would go to press and be delivered on a reasonable schedule. It will be necessary to make some drastic changes. and with this explanation we have every hope that in 1948 this publication will be available on an earlier schedule. The information published in the Directory for the last ten years is in demand from so many sources that it is important that it be published promptly in order that valuable information may be available to the members of the Association and to others who are interested.

JOURNAL

The circulation of the Journal has increased by leaps and bounds during the last year. It was necessary to print 2,000 copies of the April issue, which is the Convention number. There is still a shortage of paper stock, but the Association has been fortunate in being able to

publish the Journal every month during the year. The phenomenal increase in advertising provided a handsome addition in revenue. It was not all profit, however, as the extra work in the office handling advertising copy and cuts required additional help. The variation in colors in the advertisements adds to the attractiveness of the Journal, but again this increases the work both in the office and at the printing plant. The advertisers using two colors pay extra so that there is a small profit in spite of the extra time involved.

Dr. Homer L. Pearson, Editor, sets all policies for the Journal, and the Managing Director handles the routine work in the headquarters office at Jacksonville.

ASSOCIATION OFFICE

The officers of the Association, regular committees, Council and members have been assisted as opportunity afforded. The volume of work has increased tremendously as the Association has taken on many new activities during the last year. Two members of the office staff, who had become very valuable after long years of service, found it necessary to resign owing to circumstances beyond their control. The extra work with new employees to train has made the year now closing the most difficult in the office in more than twenty years. Every effort is being put forth to give the Association the best possible service, and as the activities increase, the facilities will be increased in order that the members may have the necessary equipment to expedite the regular work and develop whatever new plans are undertaken.

FINANCES

Receipts during the fiscal year totalled $52,738.47; disbursements were $33,907.94. There remains a balance of $18,830.53, in which is included a total of $11,172.35 set up in a special account for Public Relations. Of the dues received, $10.00 from each member is set aside for the Public Relations Bureau. As of January 1, the dues were increased to $25.00 per member. The additional revenue will aid in meeting not only the added load of the Public Relations Bureau but also the expenses of operation, which have increased materially. It has become necessary to employ more help in the Association's office and to increase some salaries. The cost of printing and of paper stock for the Journal and the cost of office supplies have all increased.

The financial statements appearing at the end of this report will be published in full for the benefit of members who wish to study the details.

Revenue was largely received from the following sources: dues and entrance fees, $33,680.00; earnings from the Journal and Medical Directory, $15,330.55; interest on savings and investments, $225.72; and earnings from technical exhibits, $3,410.00.

Expenses during the year included: general expenses, $16,163.50; printing the Journal and Directory, $14,378.67; convention expenses, $2,468.00; and furniture and fixtures, $306.95.

Special effort has been put forth to increase the revenue of the Association and to operate at the lowest possible cost. The books and records of the Association are open to the members, and we will be glad to answer inquiries of any nature as far as is possible. The books have been audited by Charles H. Goodrich, Certified Public Accountant, and a certification of the audit is incorporated in the statements which follow.

Respectfully submitted,

Robert B. McIver, *Secretary-Treasurer*
Stewart G. Thompson, *Managing Director*

CONSOLIDATED CASH STATEMENT

March 30, 1946 through March 20, 1947

Receipts

Cash in Bank, March 30, 1946		$20,189 80
Dues and Entrance Fees Collected (Exhibit "D")	$33,680.00	
Earnings from Advertising (Exhibit "E")	14,449.90	
Subscription and Misc. Sale of Journal and Directory (Exhibit "E")	880.65	
Interest on Savings and Investment	225.72	
Profit from Reprints (Non-Members)	8.30	
Miscellaneous Income	83.90	
Earnings from Technical Exhibits (Exhibit "C")	3,410.00	52,738.47
Total Cash to be Accounted for		$72,928.27

Disbursements

General Fund Expenses (Exhibit "A")	$16,163.50	
Journal and Directory Expenses (Exhibit "B")	14,378.67	
Technical Exhibit Expenses (Exhibit "C")	2,094.00	
Committee Expenses (Exhibit "A")	380.65	
Federal Tax $158.75 Less Social Security owed 82.86	75.89	
Library	46.63	
Furniture and Fixtures	306.95	
Bureau of Public Relations	87.65	
To Entertaining Society (Duval)	374.00	33,907.94
Balance in Bank, March 20, 1947		$39,020.33

ASSETS AND LIABILITIES

March 20, 1947

Assets

Cash in Fla. Natl. Bank Checking Acct.	$ 36,425.01
Cash in Barnett Natl. Bank Checking Acct. (Postgraduate Course Committee Acct.)	1,165.08
General Fund—Accounts Receivable	11,325.00
Journal & Directory—Accounts Receivable	783.44
Furniture, Fixtures & Equipment (less depreciation)	1,390.27
Library	927.18
Stationery Inventory	1,583.41
Savings: Atlantic National Bank	767.46
Barnett National Bank	1,827.86
Investments: Treasury Bond	10,178.13
War Savings Bonds	15,040.50
	$81,413.34

Liabilities

Postgraduate Course Committee	$ 1,165.08
Social Security	82.86
Bureau of Public Relations	11,172.35
Woman's Auxiliary (Commission on Directory Advertising)	85.00
Capital Account	68,908.05
	$81,413.34

EXHIBIT "A"

CASH STATEMENT — GENERAL FUND

March 30, 1946 through March 20, 1947

Receipts

Cash as per last audit		$20,189.80
Back Dues Collected (Exhibit "D")	$ 3,020.00	
Current Dues Collected (Exhibit "D")	28,150.00	
Entrance Fees Collected (Exhibit "D")	2,510.00	33,680.00
Interest on Savings and Investment		225.72
Miscellaneous Income		83.90
From Journal Fund (Income above Cost)		960.18
From Exhibit Fund (Income above Cost)		942.00
Total Cash to be Accounted for		$56,081.60

Disbursements

Postage and Supplies	$ 772.73	
Telephone and Telegraph	144.29	
Salaries*	$12,090.25	
Traveling Expense	623.83	
Delegates' (2) Transp. to Chicago	535.00	
Legal Counsel	45.00	
Office Rent	1,475.00	
Towel Service	15.50	
Auditing Books	17.50	
Messenger Service	26.20	
Express and Freight	6.91	
Bank Exchange	3.45	
Custody of Bonds	10.00	
Photostats & Legal Copies	14.40	
Clipping Service	60.00	
Treasurer's Bond	18.75	
Constitution and By-Laws	38.84	
Employer's Liability Insurance	16.66	
Subscription—Times-Union	18.20	
Repair & Service—Furn., Fix. & Equip.	79.99	
Rental—Safety Deposit Box	12.50	
Conference of Presidents	25.00	
Incidental	13.50	
S.B.H. Narcotics Bureau	100.00	16,163.50
Committees:		
Council	48.41	
Board of Governors	84.07	
Legislation & Public Policy	124.88	
Medical Service	6.50	
Scientific Work	9.60	
Necrology	17.00	
Miscellaneous Committee Expense	90.19	380.65
Bureau of Public Relations		87.65
Federal Tax	158.75	
Less Soc. Sec. owed..	82.86	75.89
Furniture and Fixtures		306.95
Library		46.63
		17,061.27
Cash Balance		$39,020.33

*Total. Salaries. Income tax deducted from this amount and paid to Collector of Internal Revenue.

EXHIBIT "B"

CASH STATEMENT—JOURNAL AND DIRECTORY FUND

March 30, 1946 through March 20, 1947

Receipts

Cash as per last audit		0.00
Earnings from Advertising (Exhibit "E")	$14,449.90	
Subscriptions & Misc. Sale (Exhibit "E")	880.65	
Profit from Reprints (Non-Members)	8.30	15,338.85
To be Accounted for		$15,338.85

Disbursements

Postage and Supplies	$1,548.36	
Printing and Stock	8,021.77	
Telephone & Telegraph	160.82	
Salaries*	4,559.30	
Dray, Freight and Express	40.77	
Auditing Books	17.50	
Treasurer's Bond	18.75	
Incidental	11.40	14,378.67
To General Fund (Income above cost)	960.18	15,338.85
Cash Balance		$ 0.00

EXHIBIT "C"

CASH STATEMENT — EXHIBIT FUND

March 30, 1946 through March 20, 1947

Receipts

Cash as per last audit		0.00
Earnings from Technical Exhibits		$ 3,410.00
To be Accounted for		$ 3,410.00

Disbursements

Convention Expenses:		
Postage and Supplies	$ 5.25	
Telephone & Telegraph	112.44	
Exhibit Booth Equip.	782.00	
Printing, Photostats, etc.	49.22	
Programs	103.50	
Badges	163.00	
Misc. Expense and Employees' Travel	36.74	
News Service, Cuts & Mats	3.00	
Proceedings Reporter	107.00	
Exhibit Hall Rent, Guest Rooms, etc.	261.60	
Annual Dinner, Cocktails, etc.	440.00	
Reprints—Boland	30.25	$ 2,094.00
To Entertaining Society (Duval)		374.00
To General Fund (Income above Cost)		942.00 3,410.00
Cash Balance		$ 0.00

EXHIBIT "D"

DUES AND ENTRANCE FEES COLLECTED MARCH 30, 1946 THROUGH MARCH 20, 1947

Name of Society	Total Members	No. Paid Members	No. In Arrears	1947 Dues Collected	Back Dues Collected	Entrance Fees
Alachua	32	23	9	475.00	80.00	40.00
Bay	12	12	0	275.00		20.00
Brevard	14	9	5	200.00	30.00	30.00
Broward	60	6	54		110.00	110.00
Columbia	17	12	5	250.00	60.00	40.00
Dade	403	305	98	7,225.00	980.00	440.00
DeSoto-Hardee-Highlands-Charlotte-Glades	20	20	0	450.00	10.00	70.00
Duval	214	167	47	3,550.00	230.00	160.00
Escambia	55	49	6	1,100.00	80.00	100.00
Franklin-Gulf	6	0	6			
Hillsborough	138	14	124	25.00	260.00	240.00
Jackson	14	14	0	300.00		
Lake	19	11	8	250.00	40.00	50.00
Lee	20	13	7	300.00		20.00
Leon-Gadsden-Liberty-Wakulla-Jefferson	41	36	5	800.00	60.00	60.00
Madison-Suwannee	10	8	2	125.00		10.00
Manatee	15	15	0	350.00	30.00	40.00
Marion	30	23	7	400.00	40.00	30.00
Monroe	8	2	6		10.00	20.00
Nassau	8	7	1	150.00	10.00	20.00
Orange	122	114	8	2,600.00	190.00	240.00
Palm Beach	85	68	17	1,650.00	220.00	180.00
Pasco-Hernando-Citrus	13	11	2	225.00	20.00	10.00
Pinellas	140	139	1	3,350.00	190.00	270.00
Polk	73	59	14	1,375.00	170.00	90.00
Putnam	10	9	1	200.00	20.00	10.00
St. Johns	15	14	1	300.00		30.00
St. Lucie-Okeechobee-Indian River-Martin	17	13	4	275.00	50.00	20.00
Sarasota	25	24	1	500.00	30.00	40.00
Seminole	12	11	1	225.00	10.00	
Taylor	3	3	0	50.00		
Volusia	53	40	13	850.00	90.00	80.00
Walton-Okaloosa	10	10	0	225.00		40.00
Washington-Holmes	5	5	0	100.00		
Totals	1,719	1,266	453	28,150.00	3,020.00	2,510.00

Dues Not Payable

Co. Soc. Secys.	33		
Life & Honorary	86		
Military Service	21	140	
Paying Dues		1,126	

3,020.00 Back Dues Collected

31,170.00 Total Dues Collected

2,510.00 Entrance Fees Collected

$33,680.00 Dues and Entrance Fees

EXHIBIT "E"

EARNINGS FROM SALES OF AND ADVERTISING IN JOURNAL AND DIRECTORY

March 30, 1946 through March 20, 1947

Month	*Sales*	*Advertising*
April & May, 1946	$26.50	$ 1,796.17
June	31.00	947.77
July	63.00	1,089.08
August	7.00	1,028.93
September	23.00	889.68
October	26.00	1,047.15
November	24.50	980.92
December	33.00	1,283.48
January, 1947	28.65	988.28
February	25.50	272.80
March	17.50	1,900.07
	305.65	12,224.33
Directories (S.B.H.)	575.00	
Refund (A.M.A.)		2,225.57
Totals	$880.65	$14,449.90

MEDICAL POST-GRADUATE COURSE—V

March 30, 1946 through March 20, 1947

Receipts

Cash as per last audit	$ 1,152.81
Registration Fees, 1946 Postgraduate Course (147 @ $5.00)	735.00
State Board of Health for Dr. Cosgrove's Hotel Expense	115.16
To be accounted for	$ 2,002.97

Disbursements

Faculty Honoraria and Expenses:		
Dr. W. F. Rienhoff	$ 225.00	
Dr. W. A. Sodeman	146.33	
Hotel Geo. Washington	238.06	$ 609.39
Attendant at Registration Desk		25.00
Stenographer's Salary		100.00
Lantern Slide Operator		15.00
Postage		24.50
Univ. of Fla.—Salaries 64 members of Faculty of Dept. of Medicine @ $1.00		64.00
Balance in Bank		$ 1,165.08

BUREAU OF PUBLIC RELATIONS—I
January 1, 1947 Through March 20, 1947

Receipts

Two-fifths of 1947 dues; 1,126 @ $10.00		$ 11,260.00
To be Accounted for		$ 11,260.00
Disbursements		
Telephone and Telegraph	$ 1.62	
Travel Expense	86.03	87.65
Cash Balance		$ 11,172.35

April 10, 1947

Dr. Robert B. McIver
Secretary-Treasurer
Florida Medical Association
Jacksonville, Florida

Dear Sir:

In compliance with request of Stewart G. Thompson, Managing Director, we have examined the following:

Statement of Assets and Liabilities—March 20, 1947.
Consolidated Cash Statement—March 30, 1946 to March 20, 1947.
Exhibits A to E inclusive.
Statements of Receipts and Disbursements—Bureau of Public Relations—Jan. 1, 1947 thru March 20, 1947.
Statement of Receipts and Disbursements—Medical Postgraduate Course-V—March 30, 1946 thru March 20, 1947.

all of Florida Medical Association, Inc.

These statements and exhibits have been found in agreement with the books of account of the Association and correctly reflect the cash transactions for the period.

All receipts covering cash collections were traced to the bank deposits and all bank balances have been reconciled with the books of account and independently verified by the depositories.

Cancelled checks covering disbursements were checked to the records, found in order and appeared to be for proper purposes.

War Bonds of a maturity value of $20,325.00 were verified by inspection, and Treasury bond of a face value of $10,000.00 was verified as being with the Atlantic National Bank, as Custodian.

Income from advertising in the Association's Journal was verified substantially by comparison with records.

On account of the inaccessibility of the records of the various County Societies, no attempt was made to verify remittances for dues.

Yours very truly,

Goodrich & Varnedoe
(*Signed*) C. H. Goodrich
Certified Public Accountants.

The following report of the Editor of the Journal was read by Dr. Homer L. Pearson:

REPORT OF EDITOR

Those of you who read the Journal need very little in the way of a report and those of you who do not read it are not interested, so this report will be very short.

The Editorial Staff has tried to furnish you with a readable Journal. At no time have we aspired to publishing one which would be strictly scientific. In fact, we have tried to avoid being too scientific, but rather have made an effort to furnish you with articles of current interest. We have tried to please you.

In our editorials we have made every effort to discuss matters of general interest to our membership. We have no way of knowing whether we have succeeded or not. During the past year we have received not one letter nor one word of criticism and, I might add, too, that neither have we received one letter of commendation or encouragement. We feel, at times, that we had much rather displease you than have you wholly indifferent to our efforts.

Let me remind you in this, my "Swan Song," that if your Journal is not to your liking and fails to come up to your standards the blame cannot rest entirely upon the shoulders of the Editor, but much of it is upon you who furnish the material which is published and, most of all, upon you who contribute nothing. Let me ask your support for whomever you elect as Editor for the coming year. He needs it.

The current issue of the Journal numbers 2000. This is the largest number we have ever had published. Expenses have continued to increase, however. We received from advertising last year $14,449.90 which is also our largest year.

Our new feature is a column on "Hospital Case Reports," which we believe might attract some attention. We know it will be helpful if only you will read it.

Let me express my thanks and appreciation to the Associate Editors, Dr. Webster Merritt, Dr. Frank Metzger and Dr. George Lilly; to the Committee on Publications, Dr. Arthur Walters and Dr. Herman Watson; to the Abstract Committee, Dr. Kenneth A. Morris, Chm., Dr. Joseph Flynn and Dr. Theodore Hahn; and, most of all, to our Managing Editor, Stewart Thompson. Bless his heart.

Respectfully submitted,
HOMER L. PEARSON, *Editor.*

There were no delegates present from other state societies.

The chair recognized Dr. L. H. South-Tye, Business Manager of the Kentucky State Medical Association, who extended an invitation to the members to attend the next annual meeting of that association.

The chair recognized Mr. Ernest Gibson, Director of the Public Relations Bureau.

Mr. Gibson: It is indeed a great pleasure to be here today. I am very happy to be able to work with and for the doctors, but I am going to need your help. Whatever policy may be decided upon in public relations, one underlying fact remains. That is, the best public relations man you can possibly have is the doctor himself in his own community. I am very happy to be here. I thank you.

Dr. Richardson: I want to bespeak the cooperation of the members of this Association with Mr. Gibson. I hope that you will all make an effort to talk with him at this meeting, because the field of public relations insofar as medicine is concerned is certainly new and we hardly know just how to chart our course. I think that every member of this Association should learn something about public relations in order to help put over the program.

There was no new business to come before the meeting.

The chair recognized Mr. Peterson of the National Physicians Committee, who read a detailed report of the work of that Committee in opposing legislation for socialized medicine and

illustrated numerous ways in which communists and other subversive groups are attempting to undermine the government. Mr. Peterson read excerpts from a sixth grade civics book which has been approved for use in public schools and stated that the author was a registered member of the communist league.

Dr. Richardson: Thank you, Mr. Peterson, for this most important talk.

Announcements: All members were requested to register and visit the various exhibit booths. Dr. Frank W. Hewlett, chairman of the local committee on arrangements, was recognized for announcements.

There being no further business, a motion to adjourn prevailed.

SECOND GENERAL SESSION

The meeting of the Florida Medical Association reconvened at 11:30 a. m., Tuesday, April 22, in the Municipal Auditorium; President Richardson in the chair.

The meeting was called to order.

The guest speaker, Dr. John H. Dunnington, Director of the Institute of Ophthalmology, New York, N. Y., was introduced by Dr. Richardson.

Address: "The Eye in Thyroid Disease" (lantern slides), by Dr. Dunnington.

Dr. Richardson: I want to express my deep appreciation to Dr. Dunnington for coming here and making this masterful presentation. I want to state that every member of this Association is deeply indebted to him and have thoroughly enjoyed this dissertation.

A motion to adjourn prevailed.

THIRD GENERAL SESSION

The meeting of the Florida Medical Association reconvened at 12:00 noon, Wednesday, April 23, in the Municipal Auditorium; President Richardson in the chair.

The meeting was called to order.

The chair recognized Dr. Herbert E. White.

Dr. White: I know a great many in here have heard of the critical sickness of one of the members of our Association. He came down to Miami to attend this meeting and he is critically sick in the hospital. He is Dr. Dyrenforth of Jacksonville. As you all know, Dr. Dyrenforth has been very active in the Florida Medical Association for a number of years, and I know that we are all sorry to hear of his illness. I think it would be very appropriate if we sent Dr. Dyrenforth some flowers and expressed our regret at his illness and inability to attend this meeting. Therefore, Mr. President, I move that the secretary be instructed to write a letter to Dr. Dyrenforth and also to send an appropriate bouquet of flowers.

Motion seconded by Dr. Thomas, and unanimously carried.

There being no unfinished business, the meeting proceeded to the election of officers.

Nominations for president-elect were called for.

Dr. Joseph S. Stewart of Miami was nominated by Dr. Frank Gray. Nomination seconded by Drs. Webster Merritt and Leigh F. Robinson.

Motion by Dr. Spiers, seconded by Dr. Bryans, that the nominations be closed and the secretary instructed to cast a unanimous ballot for Dr. Stewart. Motion prevailed.

Dr. Stewart: Ladies and gentlemen: This is an honor—a great honor—and I appreciate it. However, I suffer from no delusions of grandeur because I fully appreciate that this honor is given to me as a representative of those of us who were in the last world war, and, for them and for me, I thank you.

Nominations for first vice president were called for.

Dr. Frank W. Hewlett was nominated by Dr. Warren W. Quillian. Nomination seconded by Dr. Walter C. Jones.

Motion to close the nominations, seconded by Dr. White, prevailed, and the secretary was instructed to cast a unanimous ballot for Dr. Hewlett.

Nominations for second vice president were called for. Dr. Frank Gray of Orlando was nominated by Dr. H. D. Van Schaick. Nomination seconded by Dr. Frank L. Fort. Motion by Dr. Merritt, seconded by Dr. Thomas, that the nominations be closed and the secretary be instructed to cast a ballot for Dr. Gray, prevailed.

Nominations for third vice president were called for. Dr. Eugene G. Peek nominated Dr. Walter C. Payne of Pensacola. Dr. Payne declared himself not eligible and the nomination was withdrawn. Dr. Peek then nominated Dr. Bricey M. Rhodes of Tallahassee. Motion by Dr. Parramore, seconded by Dr. White, that the nominations be closed and the secretary be instructed to cast a ballot for Dr. Rhodes. Motion prevailed.

Nominations for secretary and treasurer were called for.

Dr. Robert B. McIver of Jacksonville was nominated by Dr. Leigh F. Robinson. Nomination seconded by Drs. Thomas and Payne. Motion by Dr. Parramore, seconded by Dr. Bryans, that

the nominations be closed and the chair be instructed to cast a ballot for Dr. McIver. Motion prevailed.

Nominations for editor of the Journal were called for.

Dr. Shaler Richardson of Jacksonville nominated by Dr. Homer L. Pearson.

Dr. Pearson: Three years ago when Dr. Shaler Richardson was elected president-elect of this Association it left vacant the office of editor of the Journal. The members of this Association generously elected me to that office. Now Dr. Richardson's term of office as president has at last expired. Since he has been editor of the Journal for twenty years at least and it is to his credit that the Journal is what it is today, it is my feeling that he should assume again the responsibilities and privileges, if any, of the editorship of the Journal. For that reason it is with pleasure that I nominate Dr. Shaler Richardson as editor of the Journal for the coming year.

Nomination seconded by Dr. Herbert Bryans.

Vice president John W. Snyder was asked to take the chair.

Motion by Dr. Pearson, seconded by Dr. Herpel that the nominations be closed and the secretary be instructed to cast a ballot for Dr. Richardson. Motion prevailed.

Dr. Richardson: I appreciate very much the honor, but my duties have been multitudinous and I am growing a little weary of all of this activity. Probably it would be better to inject a little new blood into this editorship. Of course I feel this way: if I can help, I want to. I will do whatever the members of this Association desire.

Motion unanimously carried.

Dr. Richardson: Thank you very much.

President Richardson resumed the chair.

The chair requested Dr. Joe Stewart and Dr. Walter C. Payne to escort Dr. Thomas to the rostrum.

Dr. Thomas: I want to thank you for this honor and to ask you all to help me fulfill the duties of this office during the coming year.

As Dr. Joseph Stewart has just said, we should do something for the men who served for us during the late emergency. I had that in mind when I appointed my committees.

I will do the best I can, with all humility.

The Past President's button was presented to Dr. Richardson by Dr. Thomas.

Dr. Thomas: This is a very special duty that I have to perform. We all know Dr. Shaler Richardson. We all love him. He is an institution in the Florida Medical Association. I have known him ever since I came to Florida. His generosity, his courtesy, his kindness have made him loved by all of us. I think that feeling was well expressed here today by unanimously asking him to take over the editorship of our Journal.

Dr. Richardson, I give you this scroll declaring you to be a past president of the Florida Medical Association, and I present you also with the pin of the past presidents.

Dr. Richardson: I thank you.

The chair then recognized Dr. Warren Quillian, president of the Dade County Medical Association.

Dr. Quillian: We have all heard the expressions of appreciation this morning. It is unnecessary to mention again the acts of our retiring president. So I will just make this little presentation to the new editor of the Journal.

Dr. Arthur Wood, a member of the Dade County Medical Association, has a hobby. This hobby is to make wood products in his spare time. He very generously contributes these to his friends. I have in my hand a very beautiful gavel made from Florida ironwood found in the heart of an overturned tree. It seems peculiarly symbolic that this rugged material which apparently had lost some of its usefulness should now come forth as a finished product. Those of us who have known Dr. Richardson for all these years know of his rugged character, and we know that he is a finished product. His friends all over the state love him. We in the Dade County Medical Association particularly appreciate the courtesy of Dr. Wood in presenting this gavel to Dr. Richardson as a little token of our esteem and respect. Because he will probably put this gavel away as a souvenir, we wanted him to have something tangible to use, so we are presenting him also with a desk set made from the same material. On the name plate is this inscription: "Dr. Shaler Richardson, President, 1946-1947, Florida Medical Association. Presented by Dade County Medical Association."

Dr. Richardson: I am deeply grateful to the Dade County Medical Association and to Dr. Wood for these lovely tokens. I am delighted to know that some of the old rugged things that have existed for many years still have a little touch of worth. I am deeply grateful to you all.

Announcements by the secretary:

Dr. McIver: We are just closing the biggest and best convention this Association has ever had and I thought you might be interested to know some of the provisional figures.

Members and guest doctors registered	705
Woman's Auxiliary	294
Exhibitors	140
Provisional total registration	1,139

Approximately 600 attended the banquet.

There will be a meeting of the newly constituted Board of Governors in the McAllister Hotel, Pent House B, at 1 o'clock. Notices have been sent to all but the newly elected president-elect and he is now issued a special invitation to be present.

The chair recognized Dr. Herbert E. White.

Dr. White: Dr. McIver has told you what a wonderful meeting we have had in Miami, and before this meeting adjourns, I move you that we express the appreciation of this Association to the Dade County Medical Association for their wonderful hospitality.

Motion seconded by Dr. Robinson, and unanimously carried.

There being no further business, the chair declared the Seventy-third Annual Meeting of the Florida Medical Association adjourned, sine die.

HOUSE OF DELEGATES

FIRST HOUSE OF DELEGATES

The House of Delegates convened at 3:00 p. m., Monday, April 21, 1947, in the Municipal Auditorium, Miami, with Dr. Shaler Richardson, president, in the chair. Delegates answering Roll Call were:

DELEGATES

Alachua—Edwin H. Andrews

Bay—William C. Roberts

Brevard—Thomas C. Kenaston

Broward—Robert L. Elliston, Richard A. Mills

Columbia—Robert B. Harkness

Dade—Jack Q. Cleveland, Milton M. Coplan, Perry D. Melvin, Robert M. Harris, Willard L. Fitzgerald, Charles R. Burbacher, Walter C. Jones, Carl E. Dunaway, Carlos P. Lamar, Franz H. Stewart, Robert T. Spicer, Ralph S. Sappenfield, Thomas O. Otto, Joseph S. Stewart, E. Sterling Nichol, S. Marion Salley, C. Larimore Perry, Herbert Eichert.

DeSoto-Hardee-Highlands-Charlotte-Glades — (No Delegate).

Duval—James L. Borland, Frank L. Fort, John A. Beals, James G. Lyerly, Webster Merritt, Raymond H. King.

Escambia—Herbert L. Bryans, Luther C. Fisher

Franklin-Gulf—(No Delegate)

Hillsborough—William M. Rowlett, H. P. Hampton, David R. Murphey, Jr., Charles W. Bartlett, Thomas M. Edwards, C. Frank Chunn, H. G. Cole

Jackson—Redden L. Miller

Lake—(No Delegate)

Lee—H. Quillian Jones

Leon-Gadsden-Liberty-Wakulla-Jefferson — B. A. Wilkinson, Taylor W. Griffin

Madison-Suwannee—Irby H. Black

Manatee—William D. Sugg

Marion—Eugene G. Peek

Monroe—(No Delegate)

Orange—Louis M. Orr, II, Robert L. Tolle, Charles J. Collins, Meredith Mallory, Sr., J. Rocher Chappell, E. L. Jewett

Nassau—Cecil B. Brewton

Palm Beach—Frederick K. Herpel, V. Marklin Johnson, William Y. Sayad

Pasco-Hernando-Citrus—William H. Walters, Jr.

Pinellas—Whitman H. McConnell, Annette M. Feaster, Miriam M. Drane, William M. Davis, A. L. Mills, James A. Bradley.

Polk—Herman Watson, James R. Boulware, Jr., W. F. Peacock

Putnam—Grover C. Collins

St. Johns—Herbert E. White

St. Lucie-Okeechobee-Indian River-Martin—Joseph B. Kollar

Sarasota—(No Delegate)

Seminole—(No Delegate)

Taylor—(No Delegate)

Volusia—Ludo von Meysenbug, V. A. Shaw

Walton-Okaloosa—(No Delegate)

Washington-Holmes—R. H. Segrest

Association Officers—Shaler Richardson, William C. Thomas, John W. Snyder, James B. Parramore, Robert B. McIver, Homer L. Pearson.

The chair declared a quorum present.

Motion made and seconded that the delegates be seated. Motion prevailed.

It was moved and seconded that the minutes of the last meeting, as published in the June, 1946, issue of the Florida Medical Journal, be adopted. There being no corrections or amendments, on motion made by Dr. Walter C. Jones, and seconded, the minutes as published were adopted by unanimous vote.

Our delegates to the A. M. A. House of Delegates were then recognized.

Dr. Jelks on behalf of Dr. Pearson and himself, delegates to the A. M. A., gave a verbal report.

President Richardson called for the nomination of one delegate and one alternate to the A. M. A. meeting for two-year terms, beginning January 1, 1948, reading Chapter 1, Sec. 1 of the A. M. A. By-Laws, as follows:

> A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve.

Dr. Mallory nominated Dr. Louis M. Orr, II, of Orlando (effective January 1, 1948). Nomination seconded by Dr. Herbert Bryans.

Motion by Dr. Rowlett that the nominations be closed and Dr. Orr declared unanimously elected. Motion prevailed.

Dr. Parramore nominated Dr. Shaler Richardson as alternate delegate to the A. M. A., but withdrew the nomination at Dr. Richardson's request.

Dr. Dunaway nominated Dr. William Y. Sayad of West Palm Beach as alternate delegate (effective January 1, 1948). Nomination seconded and carried.

Dr. Walter C. Jones, chairman of the Board of Governors, announced that the board recommended the acceptance of the invitation of St. Johns County Medical Society to hold the 1948 Annual Meeting in St. Augustine.

Motion by Dr. Merritt that St. Augustine be designated as the 1948 meeting place. Motion seconded and carried.

The chair announced the personnel of three reference committees as follows:

1. HEALTH AND EDUCATION

F. K. Herpel, *Chairman*
Wm. M. Rowlett
Eugene G. Peek
John W. Snyder
Louis M. Orr, II

2. PUBLIC POLICY

Homer L. Pearson, *Chairman*
Norval M. Marr
Herbert E. White
Herman Watson
James G. Lyerly

3. FINANCE AND ADMINISTRATION

Walter C. Jones, *Chairman*
Robert B. McIver
Herbert L. Bryans
J. Webster Merritt
William C. Thomas

A resolution was read by Dr. Richard A. Mills from Broward County Medical Society relative to requirements for approved hospitals. On motion, the resolution was received and referred by the chair to Reference Committee No. 1, Health and Education.

A resolution was read by Dr. Herbert L. Bryans from Escambia County Medical Society relative to fee schedules. On motion, the resolution was received and referred by the chair to Reference Committee No. 2, Public Policy.

A resolution was read by Dr. T. C. Kenaston from the Brevard County Medical Society relative to the fee schedule of the Industrial Commission. On motion this resolution was received and referred by the chair to Reference Committee No. 2, Public Policy. (*This resolution was similar to the one from the Escambia County Medical Society and was not presented at the second meeting of the House of Delegates*).

A resolution was read by Dr. Frank L. Fort relative to a policy of the Florida Crippled Children's Commission. On motion the resolution was received and referred by the chair to Reference Committee No. 2, Public Policy.

A resolution was read by Dr. von Meysenbug from the Florida Pediatric Society relative to including in all premarital blood tests a determination of the Rh factor. On motion this resolution was received and referred by the chair to Reference Committee No. 1, Health and Education.

A resolution was read by Dr. Meredith Mallory from the Orange County Medical Society relative to changing Chapter VII, Sec. 2 of the By-Laws to provide that no member of the Executive Committee shall sit in the House of Delegates. On motion this resolution was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

A resolution was read by Dr. Charles W. Bartlett from the Hillsborough County Medical Society relative to violations of the Medical Practice Act. On motion this resolution was received and referred by the chair to Reference Committee No. 2, Public Policy.

A resolution was read by Dr. Annette M. Feaster from the Florida Radiological Society relative to the definition of the word "hospital" in proposed legislative bills. On motion this resolution was received and referred by the chair to Reference Committee No. 2, Public Policy.

A resolution was read by Dr. Vaughan A. Shaw from the Volusia County Medical Society relative to instructing the officers to endeavor to obtain state legislation requiring hospitals to be designated. On motion this resolution was received and referred by the chair to Reference Committee No. 1, Health and Education.

The chair then announced that it had been brought to the president's attention that Dr. Louis M. Orr, newly elected delegate, is an alternate delegate to the A. M. A., and called for nominations for an alternate to replace Dr. Orr. Dr. Mills nominated Dr. William Davis of St. Petersburg as an alternate delegate in place of Dr. Orr (effective January 1, 1948). Seconded and carried.

The report of the Board of Governors was read by Dr. Walter C. Jones, chairman. On motion the report was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

The report of the Committee on Scientific Work was read by Dr. J. Rocher Chappell, chairman. On motion this report was received and referred by the chair to Reference Committee No. 1, Health and Education.

The report of the Committee on Legislation and Public Policy was read by Dr. Harold D. Van Schaick, chairman. On motion this report was received and referred by the chair to Refer-

ence Committee No. 2, Public Policy. An additional verbal off-the-record report regarding proposed legislation was made by Dr. Van Schaick.

The report of the Committee on Medical Education and Hospitals was read by Dr. W. M. Rowlett, chairman. On motion the report was received and referred by the chair to Reference Committee No. 2, Public Policy.

In the absence of the chairman, the report of the Committee on Public Relations was read by Dr. Alvin Mills. On motion the report was received and referred by the chair to Reference Committee No. 2, Public Policy.

The report of the Committee on Necrology was read by Dr. John A. Simmons, chairman, as follows:

REPORT OF COMMITTEE ON NECROLOGY

During the last fiscal year our Association lost by death the members whose names are listed below:

A. M. Bidwell, Tampa
Hartley E. Boorom, Sebring
Albert C. Carter, Pensacola
Matthew H. DePass, Gainesville
William G. Doern, Daytona Beach
Hubbard H. Gates, Bradenton
James H. Hartman, Jacksonville
Maxwell D. Kirsch, Miami
Geo. R. Maner, Tampa
Sheldon A. Morris, Jacksonville
Charles A. O'Quinn, Perry
William T. H. Pallister, Miami
William E. Quicksall, St. Petersburg
James H. Randolph, Jacksonville
Clayton E. Royce, Lutz
Raymond Sanderson, Jacksonville
William E. Sinclair, Orlando
Michael Smith, West Palm Beach
Edmund H. Teeter, Jacksonville
J. Sam Turberville, Century
Lester J. Efird, Winston-Salem
Frank R. Morrow, Miami
John A. Newnham, West Palm Beach
Ira A. Dailey, Micanopy

When possible, obituaries have appeared in the Journal relative to the deaths of these doctors. Tributes have been paid to them in the different communities where they have practiced.

May we at this time stand for a moment of silence in reverence and respect to the memory of our departed colleagues.

Respectfully submitted,

John A. Simmons, *Chairman*

At the request of the chair the members stood for a moment in silent respect to the memory of their departed colleagues.

In the absence of the chairman, the report of the Committee on Medical Postgraduate Course was read by Dr. E. Sterling Nichol. On motion the report was received and referred by the chair to Reference Committee No. 1, Health and Education.

The report of the Committee on Cancer Control was read by Dr. Herman Watson, chairman. On motion the report was received and referred by the chair to Reference Committee No. 1, Health and Education.

In the absence of the chairman, Dr. Harrison Walker, no report was presented by the Committee on Medical Economics.

In the absence of the chairman, Dr. E. T. Sellers, no report was presented by the Committee on Venereal Disease Control.

The report of the Committee on Interrelationship was read by Dr. W. M. Davis, chairman. On motion the report was received and referred by the chair to Reference Committee No. 2, Public Policy.

In the absence of the chairman, the report of the Committee on Tuberculosis and Public Health was read by Dr. Scheffel Wright. On motion the report was received and referred by the chair to Reference Committee No. 1, Health and Education.

In the absence of the chairman, Dr. H. Mason Smith, no report was presented by the Committee on State Controlled Medical Institutions.

In the absence of the chairman, Dr. Samuel R. Norris, no report was presented by the Committee on Maternal Welfare.

In the absence of the chairman, Dr. Luther W. Holloway, no report was presented by the Committee on Child Health.

The report of the Committee on Conservation of Vision was read by Dr. C. E. Dunaway, chairman. On motion the report was received and referred by the chair to Reference Committee No. 1, Health and Education.

The report of the Advisory Committee to the Woman's Auxiliary was read by Dr. John E. Maines, chairman. On motion the report was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

In the absence of the chairman, the report of the Committee of Representatives to the Industrial Council was read by Dr. Frank L. Fort. On motion the report was received and referred by the chair to Reference Committee No. 2, Public Policy.

The report of the Council was read by Dr. Herbert E. White, chairman. On motion the report was received and referred by the chair to Reference Committee No. 3, Finance and Administration.

In the absence of the chairman, Dr. John C. Vinson, no report was presented by the Board of Past Presidents.

There was no new business to come before the meeting.

The chair announced the meeting place of the three reference committees and requested each chairman to come forward and receive the reports and resolutions referred to his particular reference committee.

The chair then announced that the Smoker would be held at 9 p. m. at the Coral Gables Country Club, admission by F. M. A. badge only.

There being no further business to come before the meeting, the House recessed to reconvene Tuesday, April 22, at 9:30 a. m.

SECOND HOUSE OF DELEGATES

The House of Delegates reconvened at 9:30 a. m., Tuesday, April 23, in the Municipal Auditorium, Miami; President Richardson in the chair. Delegates answering Roll Call are shown in regular type. Delegates not answering Roll Call are shown (absent).

DELEGATES

ALACHUA—Edwin H. Andrews

BAY—William C. Roberts

BREVARD—Thomas C. Kenaston

BROWARD—Robert L. Elliston, Richard A. Mills

COLUMBIA—Robert B. Harkness

DADE—Jack Q. Cleveland, Milton M. Coplan, Perry D. Melvin, Robert M. Harris, Charles R. Burbacher, Walter C. Jones, Carl E. Dunaway, Carlos P. Lamar, Franz H. Stewart, Robert T. Spicer, Joseph S. Stewart, E. Sterling Nichol, C. Larimore Perry, Herbert Eichert. (*Absent—Willard L. Fitzgerald, Ralph S. Sappenfield, Thomas O. Otto, S. Marion Salley*)

DESOTO-HARDEE-HIGHLANDS-CHARLOTTE-GLADES — (*No Delegate*)

DUVAL—James L. Borland, Frank L. Fort, James G. Lyerly, Webster Merritt, Raymond H. King. (*Absent—John A. Beals*)

ESCAMBIA—Herbert L. Bryans, Luther C. Fisher

FRANKLIN-GULF—(*No Delegate*)

HILLSBOROUGH—William M. Rowlett, H. P. Hampton, David R. Murphey, Jr., Charles W. Bartlett, Thomas M. Edwards, C. Frank Chunn, H. G. Cole.

JACKSON—Redden L. Miller

LAKE—(*No Delegate*)

LEE—H. Quillian Jones

LEON-GADSDEN-LIBERTY-WAKULLA-JEFFERSON — B. A. Wilkinson, Taylor W. Griffin

MADISON-SUWANNEE—(*Absent—Irby H. Black*)

MANATEE—William D. Sugg

MARION—Eugene G. Peek

MONROE—(*No Delegate*)

ORANGE—Louis M. Orr, II, Robert L. Tolle, Charles J. Collins, Meredith Mallory, Sr., J. Rocher Chappell, E. L. Jewett.

NASSAU—Cecil B. Brewton

PALM BEACH—Frederick K. Herpel, William Y. Sayad. (*Absent—V. Marklin Johnson*)

PASCO-HERNANDO-CITRUS—(*Absent—William H. Walters, Jr.*)

PINELLAS—Whitman H. McConnell, Annette M. Feaster, Miriam M. Drane, William M. Davis, A. L. Mills. (*Absent—James A. Bradley*)

POLK—Herman Watson, James R. Boulware, Jr., W. F. Peacock

PUTNAM—Grover C. Collins

ST. JOHNS—Herbert E. White

ST. LUCIE-OKEECHOBEE-INDIAN RIVER-MARTIN—Joseph B. Kollar

SARASOTA—(*No Delegate*)

SEMINOLE—(*No Delegate*)

TAYLOR—(*No Delegate*)

VOLUSIA—Ludo von Meysenbug. (*Absent — V. A. Shaw*)

WALTON-OKALOOSA—(*No Delegate*)

WASHINGTON-HOLMES—R. H. Segrest

ASSOCIATION OFFICERS—Shaler Richardson, William C. Thomas, John W. Snyder, Robert B. McIver, Homer L. Pearson. (*Absent—James B. Parramore*)

The chair declared a quorum present.

The meeting was called to order.

Dr. Boling was recognized and advised that the Board of Past Presidents endorsed the establishment of a Medical College within the State of Florida.

REPORT OF REFERENCE COMMITTEE NO. 1

Dr. F. K. Herpel, chairman of Reference Committee No. 1, Health & Education, was recognized and asked to present the recommendations of that committee.

"The Committee recommends the adoption of the Resolution on Requirements for Approval of Hospitals as passed by the Broward County Medical Society, Feb. 25, 1947."

Motion made and seconded that the resolution be adopted. Motion prevailed.

RESOLUTION

WHEREAS, The problem of hospitalization is urgent now and will be distressingly difficult for an indefinite period of time; and

WHEREAS, There is apparently a definite plan to limit staff membership in hospitals to diplomates of the various specialty boards; and

WHEREAS, The limiting of staff memberships and heads of departments of such staffs in hospitals to such diplomates could tend to injure the best interests of the public and the medical profession as a whole; and

WHEREAS, Of a total of 180,000 physicians in the United States approximately only 22,000 are diplomates of all specialty boards, and limitation by the hospitals of their facilities to use by these few would work an injustice on other capable doctors and their patients; therefore be it

RESOLVED, That the House of Delegates of the Florida State Medical Association instruct its delegates to the American Medical Association to support or initiate a resolution that suggests to the Council on Medical Education and Hospitals and directs it to further the realization of this suggestion, to-wit:

The requirements for approval of hospitals shall be so defined that there shall be

(1) adequate protection of the rights of all doctors and their patients in obtaining hospitalization to the end that general practitioners as well as specialists shall have access to and use of hospital facilities;

(2) that the criterion of whether a doctor may be a member of a staff or a head of a department shall be his actual ability as a doctor and not dependent on special society or board membership, and

(3) that the American College of Surgeons be urged to conform to these general policies in their procedures in the standardization of hospitals.

"The Committee does not approve the resolution by the Florida State Pediatric Association on the routine compulsory determination of the Rh factor in all premarital blood tests for the reason that we do not feel that there is sufficient reason for the inclusion of the test for Rh factor in the premarital tests. We all agreed that there was definite indication for such tests in pregnant women. The recommendation of the Committee, however, was that this resolution be not approved."

Motion made and seconded that this resolution be not approved. Motion prevailed.

"The Committee recommends the approval of the resolution presented by Volusia County Medical Society regarding the designation of hospitals, with the amendment that this resolution be submitted as an amendment to the Designation Act."

Motion made and seconded that the resolution be adopted as amended. Motion prevailed.

AMENDED RESOLUTION

Whereas, Many patients are being admitted to osteopathic hospitals (especially as emergencies) unknowingly,

Whereas, Hospitals at present are not so designated, e.g., Osteopathic, Naturopathic, Medical,

Be It Resolved, That the House of Delegates of Florida State Medical Association instruct its officers to obtain state legislation requiring hospitals to be so designated as an amendment to the Designation Act.

"The Committee recommends the adoption of the report of the Committee on Scientific Work, and that for the purpose of future programs all papers will be selected on their respective merits, as recommended in the latter sentence of paragraph 2 of the report."

Motion made and seconded that the report and the recommendation of the reference committee be adopted.

Dr. Jones: I served on the Scientific Committee at one time, and I am thoroughly in accord with what Dr. Chappell said. I think that the scientific program is good as far as it goes, but it does not go far enough. The number of papers should be increased and, if necessary, the time increased.

Dr. Richardson: Are you ready for the question?

Motion prevailed.

REPORT OF COMMITTEE ON SCIENTIFIC WORK

A meeting of the Committee was held February 12 by telephone conference; all members were present. Sixteen papers were submitted for presentation at this meeting. There were some exceptionally good papers that we were forced to reject because of the limited space allotted the Scientific Program. Your Committee had no choice regarding two of these papers, one presented by the State Board of Health, and one by the Florida Dermatological Association; therefore, the selection was limited to seven papers.

It is felt by your Committee that seven papers presented at each annual meeting is insufficient to represent adequately the some 1,700 members of this Association, and that additional time should be allotted to the Scientific Program, and that the prerogative of presenting a paper at each annual meeting by the Florida State Board of Health and the Florida Dermatological Society be abolished.

While it is true that during the war years and prior to that time, there was considerable difficulty getting a sufficient number of papers to fill out the program, it is believed by your Committee that, with the steadily increasing number of young, aggressive and well-trained men locating in Florida, this factor will no longer be a problem.

Respectfully submitted,
J. Rocher Chappell, *Chairman*

"The Committee recommends the adoption of the report of the Committee on Medical Postgraduate Course as presented by Dr. E. Sterling Nichol."

Motion by Dr. Herpel, seconded by Dr. Pearson, that the report be adopted. Motion prevailed.

REPORT OF COMMITTEE ON MEDICAL POSTGRADUATE COURSE

The Fourteenth Annual Graduate Short Course for Doctors of Medicine was held in Jacksonville, June 17-22, 1946. The total registration was 170, as compared with 202 for 1945. A complete report of the course, together with the financial statement, has been published in the Journal.

The Postgraduate Committee met at the end of the Short Course last year and again on Jan. 26, 1947, at which time the Faculty for the Fifteenth Short Course was chosen and the date set for the last week in June 1947. At the meeting in January, the Committee decided unanimously to advance the registration fee from five to ten dollars. This step was taken after considerable discussion. Through the aid of the State Board of Health we have been able to carry on without having to utilize any funds in the treasury advanced by the Florida Medical Association. Should for any reason the State Board of Health find it necessary to withdraw their present aid, we might find ourselves in difficulty. The Committee felt sure that the course was well worth ten dollars; that the members of the Florida Medical Association could very well afford to pay that much.

The Committee also considered at length the question of where the Short Course should be held next year. The points that had to be considered most seriously were: (1) an air-conditioned hotel; (2) the accessibility by air, rail and highway. It was agreed that a vote be taken at the Short Course in June after careful investigation in the following manner: each doctor will receive a card with information regarding the hotel facilities and

air, rail and highway transportation of Miami, Tampa, Hollywood and Orlando from which to choose at the time he registers. While the Committee feels that it is of considerable importance to try to hold these Graduate Courses in various sections of the state, it has also found by experience that in order to secure instructors and for the doctors to get the most out of the lectures the environment should be seriously considered.

The next Short Course will be held at the George Washington Hotel in Jacksonville, June 23-28, inclusive. The usual high standard of lectures will be offered.

Special attention is called of the internists and those interested in hematology to the fact that a special three day course in hematology will be presented during the Short Course by Dr. Russell H. Haden of Cleveland, Ohio.

Respectfully submitted,
T. Z. Cason, *Chairman*

"The Committee recommends the adoption of the report of the Committee on Tuberculosis and Public Health as submitted by Dr. Louie Limbaugh, Chairman."

Motion by Dr. Herpel, seconded by Dr. Rowlett, that this report be adopted. Motion prevailed.

REPORT OF COMMITTEE ON TUBERCULOSIS AND PUBLIC HEALTH

This Committee has not held a meeting during the past year. Its activities have been handled through correspondence.

Our Association was represented by Dr. William C. Blake at the opening of the Southwest Florida State Sanatorium in Tampa on Dec. 7, 1946. We were represented by the Chairman of this Committee at the opening of the Northwest Florida State Sanatorium in Marianna on Jan. 24, 1947.

There are now approximately 1,200 beds available for tuberculous patients in this state. On April 1 there were approximately 830 beds occupied. Expansion is dependent upon the availability of personnel to care for additional patients.

We ask the Florida Medical Association, collectively and individually, to continue the active support it has given to the Florida Tuberculosis Board in obtaining sanatoria in the southeast and northeast districts of our state.

Your Committee has approved plans of the Florida Tuberculosis and Health Association to publish a health column in a number of weekly newspapers in the state. This is in response to requests for such service from the editors of these papers. Each article will, before publication, be reviewed and approved by at least one member of this Committee.

Your Committee acknowledges the service rendered by the Florida Tuberculosis and Health Association in sending to all members of our Association the Tuberculosis Abstracts which are issued monthly by the National Tuberculosis Association. They contain information valuable to every practitioner of medicine, regardless of his specialty.

Respectfully submitted,
Louie Limbaugh, *Chairman*

"The Committee recommends the adoption of the report of the Committee on Conservation of Vision as presented by Dr. Carl E. Dunaway."

Motion made and seconded that the report be adopted. Motion prevailed.

REPORT OF THE COMMITTEE ON CONSERVATION OF VISION

This Committee has had several meetings during the past year as some of the members of this Committee are advisory members to the Florida Council for the Blind. Our meetings have usually been held at the same time. Meetings were held in Tampa and Jacksonville. This Committee has worked in conjunction with and also to assist the Florida Council for the Blind and all the work that it is undertaking.

This year, there was a Sight Conservation Week held from March 2 to 8. This was by proclamation of the Governor; also a pamphlet containing sight conservation week material was sent out this year to every school, civic club, health department, college and department of welfare offices in the State of Florida. There has also been some newspaper publicity, radio talks and special programs given at various intervals. This Committee feels that the Florida Council for the Blind has, and still is doing great work in this state and should be supported by the members of this society.

Respectfully submitted,
Carl E. Dunaway, *Chairman*

"The Committee recommends that the report of the Committee on Cancer Control be amended by deleting from the published report paragraphs 2, 3 and 4, because it is felt that changes in the bill at this time will be prejudicial to the passage of the bill, which appears fundamentally sound in its concept and provisions, and that the report as amended be adopted."

Motion made and seconded that the report as amended be adopted.

Dr. Borland: Relative to the setting up of standards for the control of various diseases by the State Board of Health and other public health authorities, I would like some information.

Dr. Richardson: Is there someone in the audience who can answer this question for Dr. Borland?

Dr. Collins: I can say a word about cancer control. These standards have been designated by the A. M. A., by the American Cancer Society, and I believe Dade and Orange Counties have Cancer Control Committees that are fully approved. It seems rather a duplication to have the state establish its own standards for the State of Florida when we have these other standards already passed. That is one thing your Cancer Control Committee discussed. We feel that the purpose of this bill is good. We do think that there is a certain amount of danger in it for the future, but not for the present.

Dr. Richardson: Does anyone else want to say anything in answer to Dr. Borland?

There being no further discussion, the chair called for a rising vote on the motion to adopt this report as amended. The count showed 35 in favor and 14 opposed. Motion prevailed.

REPORT OF COMMITTEE ON CANCER CONTROL

There has been very little activity on the part of your Cancer Control Committee for the past year. The American Cancer Society has been very active under the leadership of Dr. J. N. Moore of Ocala and has worked

closely with the Florida State Board of Health. Dr. Netto, one of the members of our Committee, has been very active in working with these organizations. It seemed that any work on our part would be more or less a duplication of effort; consequently, it was thought best to confine our activities to cooperating with these organizations.

We recommend that the Cancer Control Committee continue to cooperate with the American Cancer Society as long as it continues to submit its program of activities to the Association for approval, as it is important that cancer control be supervised by the medical profession.

Respectfully submitted,

Herman Watson, *Chairman*

REPORT OF REFERENCE COMMITTEE NO. 2

In the absence of the chairman, Dr. Homer Pearson was asked to present the recommendations of Committee No. 2, Public Policy.

"The Committee recommends the adoption of the resolution submitted by the Florida Radiological Society relative to the definition of the word 'hospital' in proposed legislative bills."

Motion made and seconded that the resolution be adopted. Motion prevailed.

RESOLUTION BY FLORIDA
RADIOLOGICAL SOCIETY

Whereas, It has been called to our attention by the American College of Radiology that bills are being introduced into legislatures of other states, many of them not properly guarding against the practice of medicine engaged in by hospitals;

Whereas, Such a bill has been under the joint consideration of the Florida Medical Society and the Florida State Improvement Commission, said proposed bill to be or having been submitted to the Florida State Legislature now in session; and

Whereas, This bill in its "Section I definitions" reads as follows:

(a) "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than 24 hours in any week of two or more non-related individuals suffering from illness, disease, injury or deformity, or a place devoted primarily to providing for not less than 24 hours in any week of obstetrical or other medical or nursing care for two or more non-related individuals. The term hospital includes public health centers.

And Whereas, In the opinion of the Florida Radiological Society such a definition does not clearly define the functions of a hospital in regard to medical care,

Be It Resolved, That Section 1, definition paragraph (a) be changed to read as follows:

(a) "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than 24 hours in any week of two or more non-related individuals suffering from illness, disease, injury, or deformity, or a place devoted primarily to providing for not less than 24 hours in any week of obstetrical nursing or other nursing care for two or more non-related individuals. The term hospital includes public health centers.

Respectfully submitted,

J. M. Dell, Jr., *Secretary*.

"The Committee recommends the adoption of the resolution on the Florida Crippled Children's Commission as presented by Dr. Fort."

It was moved and seconded that this resolution be adopted.

Dr. John S. McEwan: Fellows, I happen to be a member of this so-called lay commission. I know what they are trying to do. The definition of a crippled child is rather difficult. A crippled child may be one with an orthopedic condition, a heart condition, or some other disability. We are allowed so much money from the state and we have to have a budget. Our policy is this: If a crippled child is sent to us for orthopedic treatment and that child has some other condition which complicates the orthopedic condition, we take care of that also. That is, we send him to any hospital or county hospital, and the orthopedic surgeon can send him to a surgeon who is paid. This resolution is misleading and it does not express the opinion of the majority. We are not trying to take surgery away from you men.

Dr. Fort: Dr. McEwan is only presenting his own interpretation of the act under which we operate. This was a special act of the legislature covering only orthopedic conditions. It is for long drawn-out conditions. It is to cover the expenses of indigent children only. Only orthopedic children were to be treated. We still want to hold to that program. We see no reason for giving the impression that we are working under an act of the legislature and going into the general practice of medicine and surgery. We have a medical advisory committee to give us advice, and this committee has year after year told the commission that they do not wish to go into the general practice of surgery, including such conditions as hernia. Dr. Green and others I have talked to feel that this is just another means of breaking down the private practice of medicine which is coming out of Washington. We are allowed $180,000 to be spent before June first. That is our money, your money and my money. If we don't need it, let's turn it back. This is just another effort to break down the private practice of medicine by the bureaucratic element in Washington.

Dr. Bates: For the first time in the history of the Crippled Children's Commission there is a practitioner on the commission. Dr. J. S. McEwan is the representative of the medical profession on that commission. I happen to be a member of the advisory committee. Every member of that committee has been in the City of Miami attending this meeting. In 1927 a survey was made to determine the number of crippled children in Florida. It was a fairly small number, but today with the crippled children's register, we find that there are over 6,000 crippled children in the state. How in the world can we expect the orthopedic men to take on general surgery which has been ordered by the Crippled Children's Commission. The only explanation for it is to spend $180,000 by the first of July in order to ask for that amount of money again next year. We don't believe that is the right way to do business. As a member of that committee I very earnestly ask your support for the resolution.

Dr. McEwan: I don't think he quite understands what the commission is doing. We refer these children to a surgeon or specialist and pay him. Are you going to send the child back home? A charity hospital won't take him. The orthopedic surgeons do not do it; we pay the specialists.

Question was called for and motion carried.

RESOLUTION

Whereas, The Florida Crippled Children's Commission was created by act of the Legislature in 1929 for the purpose of providing treatment for indigent crippled children in this state with orthopedic deformities, and

Whereas, The Commission has been functioning for almost twenty years, carrying out the provisions of this act with reasonable success to the citizens of the state; and

WHEREAS, The present Florida Crippled Children's Commission has recently decided to enlarge the program to include other surgical conditions than orthopedic cases, including all branches of surgery; and

WHEREAS, This action on the part of the Commission was taken contrary to the recommendation of the Board of Medical Advisors, and contrary to the wishes of the orthopedic surgeons employed by the Commission,

BE IT RESOLVED, That the Florida Medical Association strongly advise the Florida Crippled Children's Commission that it immediately cease taking in for treatment surgical patients other than those with orthopedic deformities, cleft palate and harelip.

"The Committee recommends the approval of the resolution presented by the Escambia County Medical Society for reviewing the existing fee schedules."

Motion made and seconded by Dr. Bryans that the resolution be adopted. Motion prevailed.

RESOLUTION

WHEREAS, The cost of living and the practice of Medicine and Surgery has advanced greatly, and

WHEREAS, The fees paid by the Florida Industrial Commission have remained fixed with slight amendments for a number of years, and

WHEREAS, Other Federal and State Agencies who render services to those qualifying for same, both indigent and otherwise, have also remained on a parity level in the schedule of fees for Medical and Surgical services, namely, the Florida Crippled Children's Commission, Florida Rehabilitation Service, Florida Council for the Blind, District Welfare Board, Veterans Administration, etc.; therefore,

BE IT RESOLVED By the Escambia County Medical Society that its delegates be instructed to request that the Florida Medical Association, through the Medical Economics Committee or a special committee composed of all the specialty groups appointed by the president, review the existing fee schedules and make recommendations and secure the adoption of same, for fees equable to present day values for the Florida Industrial Commission and that the other agencies be required to adjust their fees commensurate thereto.

Medical Economics Committee
Escambia County Medical Society
C. J. Heinberg, *Chairman*

"The Committee recommends the adoption of the report of the Committee on Legislation and Public Policy."

Motion made, seconded by Dr. White, and prevailed.

REPORT OF COMMITTEE ON LEGISLATION AND PUBLIC POLICY

The Committee on Legislation and Public Policy is throughout each year in a more or less constant state of activity. There is in the spring of the uneven years a sharp upsurge due to the meeting of the Legislature.

Few members of the Association realize the deep feeling of gratitude with which this Committee welcomes Mr. Ernest R. Gibson as Director of the Public Relations Bureau. The members have for the last several years been of the opinion that the work of the Committee has become so demanding that no longer can physicians in active practice afford to devote the necessary time to the work.

Again this year, attention is directed to The Tragedy of the Apathetic Physician. The indifference to their own welfare and the utterly selfish attitude and lack of cooperation displayed by many members of the Association are not generally realized. This apathy extends even to the officers of the local societies, a fair proportion of whom do not answer correspondence.

It is recommended

1. That only those physicians who can and will do the work be elected to office.

2. That all members of the profession devote at least one hour each week, which is little enough, to some form of personal activity dealing with state and national medical problems. It is suggested that you

(1) Seek out candidates before election and discuss with them the pertinent medical interests of the day without heaping abuse and invectives upon the adversaries of the medical profession.

(2) After election, make it a point, without being a bore, to discuss with the successful candidates from time to time the general medical subjects that are in the public notice at the moment.

(3) When you read or learn from authentic sources of contemplated state or national legislation of interest, be it medical or not, write to or communicate with your Senator or Representative, especially when he has done something of which you approve, for anyone appreciates a word of commendation. This Committee has repeatedly sent letters of appreciation to legislators who have for many years given whole-hearted support to constructive medical legislation, only to learn that these messages were the first expression of commendation ever received from members of the medical profession. Common courtesy demands greater efforts than in the past.

(4) Rest your circulation and improve your information by spending the remainder of the weekly hour lying down reading about medical and economic subjects of the day.

(5) Remember that, regardless of the cause of dissatisfaction, each disgruntled patient is potentially a permanent enemy of yours and of the entire medical profession, and that these dissatisfied patients have or will have, with average expectancy, children that may sooner or later be elected to the Congress. It follows that a little more effort to please patients, put forth by every physician in the routine of daily life will pay big dividends in years to come, and the profession will need friends, more than many realize, in the future as well as now.

(6) Realize that most of our problems, in fact, most of the problems that beset the world at large, could be solved by the consistent application by one and all of the eleven—just eleven—simple words of the Golden Rule.

Unless some definite major legislative plan is formulated in advance, which rarely happens, it is impossible for this Committee to advise the members of the Association of proposed activity in the Legislature, ideal as it would be to do so. Adverse legislation is of course kept as secret as possible, and one only learns by hints here and there, which, when totaled, add up to a reasonable assumption. Then, too, it is well to withhold until the last moment our legislative plans, thus denying our opponents the advantage of advance information as long as possible and giving them the least opportunity to erect their defenses. In consequence, action breaks almost as a crisis or emergency and must therefore be so treated. Please do your best when a request is made of you.

The Committee wishes to thank all members who have helped during the last year and who will help during the coming year. Without your individual help and personal interest the work would be impossible of accomplishment.

Respectfully submitted,
Harold D. Van Schaick, *Chairman.*

"The Committee recommends the adoption of the report of the Industrial Council."

Motion made, seconded by Dr. White, and prevailed.

REPORT OF INDUSTRIAL COUNCIL

During the past year, there has been no meeting of the Committee, as no occasion has arisen which seemed to demand it.

There have been a few inquiries regarding some upward revision of the present fee schedule, but, as a vast majority of the profession appears to be satisfied, no action in this connection has been taken.

Respectfully submitted,
R. R. Duke, *Chairman*

"Dr. Rowlett in his report asked closer relationship between the State Association, the American College of Surgeons, and those county societies that are endeavoring to solve the above situations in the public hospitals of their communities. This, the Committee recommends.

"In regard to the Federal appointment of a colored man, namely, Albert W. Dent of New Orleans, to the Federal Hospital Council in this area, the Committee feels that since this man will have under his jurisdiction the states of Louisiana, Mississippi, Alabama, Georgia, Florida and South Carolina, that greater cooperation could be obtained between the Hospital Council and the people of these Southern states if a white member were appointed in his place. It can readily be understood that were a meeting called by this colored man in any of the cities of these states he would receive very little response to his call. We wish it understood that we are not disapproving this man's appointment simply on the grounds of his color and would readily approve a colored appointee in any other section of the United States. We therefore approve the recommendation of the Committee that this Association request the Federal authorities to reconsider the appointment of this man.

"We also approve the creation of a clinic and hospital owned and operated by the state for chronic alcoholics, with the further recommendation that the funds for establishing such a clinic and hospital be taken out of the taxes imposed upon liquor.

"The Committee approves this report and moves its adoption."

Motion seconded by Dr. David Murphey and prevailed.

REPORT OF COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

Your Committee finds that there has not been any great change in the hospital situation in Florida during the past year. Plans have been made, however, for the construction of several magnificent hospitals. We have been in close communication with the American College of Surgeons regarding standardization of our hospitals, and have written every county medical society of the state relative to their hospital situation.

In checking the records of the various hospitals, we find that the mortality rate and the agreement between diagnosis and the laboratory findings are in ratio to the amount of surgery being done and the care in which the staff is being selected. Many of the smaller hospitals with a closed staff have a lower mortality rate than the larger public hospitals whose operating rooms are thrown open to every licensed physician. We find that among the 103 publicly supported hospitals in the state, only two during the last two years have made any effort to remove undesirable physicians from their surgical staff. This is a marked contrast to the records of the five Catholic hospitals of the state who have changed, during the past year, the status of twenty-odd physicians from doing unlimited surgery to that of limited, or minor surgery. The reason given by the official of the latter hospitals was, "unnecessary surgery, faulty technic, and lack of agreement between diagnosis and the pathological findings." Their superintendent stated they expected to reinstate these physicians to unlimited surgery as soon as their surgical judgment and technic improved. Your committee recommends a closer relationship between the State Association, the American College of Surgeons, and those county societies that are endeavoring to solve the above situation in the public hospitals of their community.

We believe a closer cooperation between white and Negro physicians of the State would result in improving the health of our Negroes and our citizens as a whole. Venereal disease among the Negroes still keeps Florida the highest percentage rate of all of the states, and tuberculosis is killing more than three times as many Negroes as whites. Thus, your Committee recommends a campaign of cooperation and education for colored physicians and that they be encouraged to attend our Postgraduate Course.

Your Committee regrets to report that medical care for the rural districts of the State has become critical. We find vast rural areas that do not have any kind of medical care, and other well populated communities that have to resort to the cults and drugless healers for medical care, or are forced to travel a great distance for medical attention. Between 1937 and 1944, there were 9,297 babies born in Florida without an attending physician.

We recommend that either the duties of this Committee be enlarged or that a new committee be created to cooperate with the Rural Health Committee of the American Medical Association, the Surgeon General, our State Board of Health, and local groups in establishing health councils, and devising ways and means whereby Federal appropriations may be secured. The Hill-Burton bill provides that an approved rural community project will receive Federal assistance to the amount of one-third of the cost of construction and equipment of hospitals and medical centers. We feel that the establishment of such hospitals and medical centers will aid materially in relieving the medical needs of our rural districts, as well as offering an inducement for young physicians to take up rural practice.

We feel that the authorities have made a mistake in appointing a Negro, Albert W. Dent of New Orleans, to the three member Federal Hospital Council, which Council is to carry out the provisions of the hospital

construction act passed by Congress last year. While we are in favor of promoting the Negro as rapidly as his ability permits, we feel that it is doubtful whether full cooperation in our rural farming districts can be secured if a Negro is on the Council to represent these sections. Thus, with such circumstances in view, your Committee recommends that the Florida Medical Association request the Federal authorities to reconsider the appointment of Albert W. Dent to the Federal Hospital Council and appoint instead a white citizen.

Your Committee finds that a bill creating a state clinic and hospital for chronic alcoholics is to be introduced in our legislature. The alarming health hazard created by the free flow of alcoholics in Florida is not only a hindrance to our State Board of Health in its campaign to curb the mounting venereal disease rate, the safety of our highways is at stake, and also there is a far reaching effect upon securing accommodations for emergency cases in our over-crowded public hospitals, the chronic alcoholics utilizing preciously needed space. Only recently the superintendent of one of the State's largest municipal hospitals told the chairman of this Committee that almost daily he was called upon by some public official to make room for a chronic alcoholic friend and political satellite, while the surgeon must wait for a hospital room for his critically ill patient. We recommend the endorsement of this bill.

Respectfully submitted,

W. M. Rowlett, *Chairman*

"The Committee approves the report of the Committee on Public Relations, and moves its adoption."

Motion seconded by Dr. White, and carried.

REPORT OF COMMITTEE ON PUBLIC RELATIONS

Your Committee on Public Relations has had no official meeting this year. However, the Chairman has met with the Board of Governors of this Association and it is significant to state that the majority of the members of this Committee are also members of the Board of Governors.

The numerous functions of this Committee are rather new to all of us. Much is to be learned and an active program on public relations is to be launched.

The selection of the Director of the Public Relations Bureau of the Association was delegated by the Board of Governors to a Special Committee, authorized by the House of Delegates at the 1946 annual meeting in Jacksonville. Mr. Ernest R. Gibson, who for the past two years has lived in Pensacola, was selected for this important position. He was accorded the approval of all members of the Committee and unanimously chosen for the post. Mr. Gibson is to begin his duties at once.

It is the opinion of your Chairman that this report should be submitted only as a progress report.

Respectfully submitted,

Ferdinand Richards, *Chairman*

The Committee recommends the adoption of the report of the Committee on Interrelationship."

Motion prevailed.

REPORT OF COMMITTEE ON INTERRELATIONSHIP

In making the annual report of the Committee on Interrelationship with Allied Professions, we humbly acknowledge a lack of activity by your Committee, there having been presented no issue demanding discussion and concerted action.

Your Chairman has had some correspondence with Thomas A. Hendricks, Secretary of the Council on Medical Service and Public Relations of the A. M. A., to find out just what committees, councils or groups composed of representatives of the medical, dental, hospital, nursing, pharmaceutical and allied professions are functioning in other states and the movement is growing.

Dr. P. A. Foote, Director of the Bureau of Professional Relations of the School of Pharmacy of the University of Florida, has continued his most welcome and efficient service. During the year about 85,000 pieces of literature were mailed to Florida physicians, pharmacists, and many out-of-town workers.

The importance of cordial professional relations should and is receiving more attention by state and national organizations for many problems of mutual concern such as the high cost of medical care, socialized medicine and many others which are more and more being brought to the attention of the public.

Appended is a special report of the Bureau of Professional Relations to your Committee, which is made a part of this report.

Respectfully submitted,
Wm. M. Davis, *Chairman*

SPECIAL REPORT

Since previous reports have included statements regarding the organization and objectives of the Bureau of Professional Relations and since these are well known by members of the medical and pharmaceutical professions in Florida they are not discussed in this report.

Publications: During the year about 85,000 pieces of literature were mailed to Florida physicians, pharmacists, and many out-of-state professional workers. These publications covered such subjects as the new U.S.P. XIII and N.F. VIII, folic acid, newer sulfa drugs, and laws regulating the prescribing and dispensing of drugs.

No new formulas have been presented as there are plenty of efficient old ones which should not be forgotten.

Finances: Since 1940 the Florida State Board of Pharmacy has financed the work of the Bureau. Last June this body contributed another $5,000. Funds are deposited with the University of Florida and administered by the Board of control. The Florida State Pharmaceutical Association provided the Bureau with a much needed addressograph.

The Florida State Board of Pharmacy has requested the University and the Board of Control to include the sum of $5,000 annually in the University Budget to match a like contribution annually from the Board of Pharmacy. It is hoped that the action of the 1947 Legislature will be favorable. The Bureau will then have funds to employ a full-time man as Associate Director, a position left vacant since January 1, 1943.

Personnel: Faculty members have continued the work. This has been added above teaching duties. The increased enrollment in the School of Pharmacy requires more help in the Bureau. The proposed budget, if passed, should care for this.

Trends: The importance of good professional relations is receiving more attention by state and national organizations. Florida and New Jersey are doing well—New York and other states are contemplating such programs. Indiana has a State Health Council. Until an American Council on Professional Relations can be established, the Executive Committee of the National Association of Retail Druggists and the Council of the American Pharmaceutical Association have recommended the formation of State Health Councils. The high cost of medical care, socialized medicine, and the care of veterans are only a few of the problems of mutual concern.

Conclusion: Florida pharmacists are appreciative of the cooperation of the Florida Medical Association and its Interrelationship Committee. As conditions become normal in this post-war era we should improve our work for the benefit of all, including the public.

Respectfully submitted,
P. A. Foote, *Director*
Bureau of Professional Relations

"The Committee approves the resolution presented by the Hillsborough County Medical Society relating to unlicensed practitioners and so-called cults, and moves its adoption."

Motion seconded.

Dr. Bryans: Speaking for the Board of Health, we have no discussion on the first and second sections of this resolution, but as to the third section, I want to express

to you the predicament that such a situation would throw on the Board of Health. Through the efforts of the Board of Health we have stepped up the salaries of our professional personnel from five to six thousand dollars, and in the larger units, above that. We are trying to get specialized public health men into this state. If you tie our hands and limit the Board of Health to licensed men it means that we will have to confine our activities regarding the securing of personnel to the state. We have made every effort to secure licensed men for the State Board of Health, but we have not been successful in all instances.

It is the policy of the State Board of Health to put these men on probation and observe the way they do things and learn what they can do best. Later, if they are unable to pass the State Board of Medical Examiners, we ask them to resign. We don't feel that we should send a man before the Board of Medical Examiners before we have had a chance to observe him. Your Board of Health wants to carry out your mandates, and certainly as long as Dr. McIver and I are on the Board, we will respect your wishes.

We would like to ask for an exception of the Board of Health personnel with the assurance to you from the Board of Health that if we have a man who cannot pass the Board we will drop him. I would like an exception to the third paragraph of the resolution.

Dr. Bartlett: I am glad the State Board of Health representative has expressed these views to you. If he wishes to offer an amendment limiting the time of their unlicensing to one year and will employ only men who are eligible to take the Board, I will gladly accept that amendment. It has, however, been called to my attention that in Hillsborough County three men are doing Board of Health work and two of these men are not even eligible to take the Medical Examining Board. If it is taking place in Hillsborough County, I imagine that it is taking place throughout the state. I feel we should confine ourselves to taking into the State Board of Health only men who are eligible to take the Board. I don't think the State Board of Health should ask us to sit back and bring in other men when we are trying to raise the standard of the medical practice in the State of Florida.

The Dental Association, which works in cooperation with the State Board of Health, has taken a similar stand and the Board respects that stand. It does not employ dentists who are not licensed in the State of Florida.

Dr. Richardson: Having served as a member of the State Board of Health, I know how difficult it is at times to get a personnel of physicians who are licensed in the state. I know for some years the Board of Health has endeavored to have all of the personnel, that is, the professional M.D.'s, licensed in the state, but at times it has been almost imposible.

Dr. Jones: I think the Florida Medical Association has two able representatives on the State Board of Health at this time. I am thoroughly in accord with the opinion expressed by Hillsborough County, but feel that our interests will be upheld by the State Board so far as it is possible to do so. I would therefore like to offer an amendment to the motion that paragraph three be stricken.

Amendment seconded.

The president called for a rising vote on the amendment. There were 15 votes in favor of the amendment, and 35 opposed. The chair declared the amendment lost.

The president then called for a rising vote on the original motion to adopt the resolution. There were 49 votes in favor of this motion and the chair declared the motion carried.

RESOLUTION

Whereas, There exists in Hillsborough County and various other counties throughout the state a gross violation of the Medical Practice Act, both by unlicensed practitioners and by "so-called" Naturopaths,

Be It Resolved, That the House of Delegates go on record as instructing our officers and executive committees to bring this to the attention of the proper authorities and continue pressure upon said authorities to the end that prosecutions may not be forever delayed in the courts. Be it further

Resolved, That the officers of the State Association are hereby empowered to employ legal counsel to aid the proper authorities in the prosecution of these cases. Be it further

Resolved, That the various public health units throughout the state be advised that whereas the war emergency has passed, we feel that they are in violation of the law by employing unlicensed practitioners to practice the healing art in the State of Florida.

Hillsborough County Medical Society

REPORT OF REFERENCE COMMITTEE NO. 3

Dr. Walter C. Jones, chairman of Reference Committee No. 3, Finance and Administration, was recognized and asked to present the recommendations of that committee.

"The Committee recommends that the report of the Council be received and approved."

Motion made and seconded that this report be adopted. Motion prevailed.

REPORT OF COUNCIL

As Chairman of the Council, it is my pleasure to report that the eight Councilors have been active and cooperative throughout the entire year. As an illustration of the loyalty of these Councilors, at the first meeting held in Jacksonville on June 20, 1946, every Councilor was present. This attendance is most unusual and speaks well for the type of Councilors that held office during the last year. This first meeting was of unusual importance as the Board of Governors instructed the Council to carry out an educational program among the members of the Association as they met in their county medical societies, concerning the Medical Service Plan. In addition to each Councilor carrying on an educational campaign during the year, it was decided to have the Medical Service Plan discussed at each of the four medical district meetings. Mr. H. A. Schroder, Executive Director, gave a brief outline of the plans started and led a round table discussion at each of the four meetings.

A large number of the doctors attended these district meetings, and in the December Journal there appeared a write-up including the four programs that were presented by the Council. I will, therefore, not burden you with repetition except to bring out one important point. The total registration at the four medical district meetings was 401. It was indeed gratifying to the Councilors to have this unusual attendance at the medical district meetings last October.

As the retiring Chairman of the Council, I wish to thank the officers and members of the Association for their excellent cooperation and particularly to commend the Councilors, Drs. William C. Roberts, G. Wilmot Brown, Jr., Vernon A. Lockwood, C. McK. Tyre, W. Wardlaw Jones, James R. Boulware, Jr., Adrian M. Sample, Jr., and Elliott M. Hendricks, for their unusual interest and loyalty, which were evident throughout the year.

Respectfully submitted,
Herbert E. White, *Chairman*

"The Committee recommends, and I so move, that the report of the Advisory Committee to the Woman's Auxiliary be received, approved and published."

Motion seconded. Motion prevailed.

REPORT OF ADVISORY COMMITTEE TO WOMAN'S AUXILIARY

I am very delighted to report that the Woman's Auxiliary, under the leadership of Mrs. C. H. Murphy, has been very active during the past year. The outstanding projects for the year have been: (1) the establishment of new Auxiliaries throughout the state; (2) the fight against the Wagner-Murray-Dingle Bill; (3) the placing of Hygeia in the schools. The mid-winter meeting of the Woman's Auxiliary was held in Winter Haven, Oct. 16, 1946. This meeting was attended by a large group and proved very instructive and entertaining.

I feel that Mrs. Murphy, by her leadership of the Auxiliary as a whole, is to be commended, as 5 new Auxiliaries have been established this year.

It is gratifying to know that our ladies are so vitally interested and that they are an important part of the Florida Medical Association.

Respectfully submitted,

John E. Maines, Jr., *Chairman*

"The Committee studied the following resolution and had Dr. Mallory appear before it. The resolution was received with open mind by the Reference Committee. In view of the complications relative to the possible change in constitution and by-laws, it is recommended that the resolution be studied further during the coming year by the new administration, presented at District meetings, and referred back to the House of Delegates with recommendations at the next annual meeting."

Motion made and seconded that the recommendation of the reference committee be adopted. Motion prevailed.

RESOLUTION

WHEREAS, The House of Delegates of the Florida Medical Association is the legislative body, and

WHEREAS, The Executive Committee or Board of Governors is largely composed of appointees of the President, and

WHEREAS, The functions of the Executive Committee is executive in nature, and

WHEREAS, It is against all democratic principles to have members of an executive body act as a part of the legislative body, therefore, be it

RESOLVED, That Section 2, Chapter 7 of By-laws of the Florida Medical Association be so changed that

1. The five members now appointed by the President be elected by the House of Delegates.

2. That no member of the Executive Committee shall sit in the House of Delegates.

3. That members of the Executive Committee shall preferably come from the membership of the House of Delegates or recent members of the House of Delegates.

"The report of the Board of Governors brings up some changes in the by-laws: (1) the recommendation of a meeting place for next year; and (2), that article VII of the Constitution, section 1 and section 3 and Chapter IV of the by-laws be amended to provide for the election of officers by the House of Delegates and not the General Session. (*Proposed changes read from report.*)

"The Committee recommends, and I so move, that these proposed changes in the Constitution and by-laws be adopted."

Motion seconded by Dr. Joseph Stewart.

Dr. Benjamin Wilkinson: My county society meets every quarter, and if we are going to send our delegates instructed, it is going to be necessary to name a candidate in advance of the meeting. I think this policy will be a very poor one.

Dr. Jones: This matter was presented at each of the Medical District Meetings in October. The reason for it is that all of the business of the Association is carried on by the House of Delegates, the law-making body of the Association, on a per capita membership of the component societies. You are here because you have at least twenty members or a major portion thereof in your county society to permit your being seated in the House of Delegates. This Association has now become quite large. It is practically impossible for the meetings to be held in the smaller communities, which means that about five or six cities in the state will have the association meetings in rotation. The members in the Convention city might control the election. The Board of Governors feels that the only way to prevent this is to hold the elections in the House of Delegates.

There being no further discussion, the chair called for a rising vote on the motion. There were 46 votes in favor and 4 opposed. The chair declared the motion carried.

Dr. Richardson: This action does not mean the amendment is in effect now. It is necessary for three-fourths of the county societies to ratify a change in the Constitution within the year.

Dr. Jones then read the proposed amendment to Chapter III, Sec. 2, of the by-laws, providing that secretaries of county medical societies submit their annual reports to the secretary of the State Association on or before February 1, basing the number of delegates on the membership of the previous calendar year.

Motion made and seconded that the by-laws be amended. Motion prevailed.

The final recommendation of the Board of Governors, recommending a retirement plan for Dr. Stewart G. Thompson, Managing Director of the Association, was read by Dr. Jones.

"The Committee recommends the adoption of the recommendation."

Motion by Dr. Merritt, seconded by Dr. Robinson, that this recommendation be adopted unanimously. Motion carried.

REPORT OF BOARD OF GOVERNORS

The Board of Governors met four times during the year, on April 21 and 24 and Sept. 1, 1946, and Feb. 16, 1947. Many matters were considered at each meeting, and the complete minutes of all the meetings are on file in the office of the Association. The salient features of these meetings follow.

At the meeting held on April 21, 1946, the proposed fee schedule for the Florida Medical Service Corporation, dated April 3, 1946, was checked over, item by item, and was adopted with the understanding that it may be revised from time to time as recommended by the Board of Governors. At the next meeting, the New York Fee Schedule was substituted for radiologic fees in the Medical Service Fee Schedule.

Also at this second meeting in April, certain budget items were approved for operations at the Association's central office.

The action taken at the last meeting of the House of Delegates pertaining to the establishment of a public relations bureau was discussed at the meeting on April 24, and it was recommended that legal advice be obtained as to the best method of procedure. On September 1, Dr. Richardson led a general discussion on the subject and outlined information that had been received from questionnaires, conferences at the meeting of the American Medical Association in San Francisco and other sources. Action was then taken directing that a bureau of public relations be established and that it be formed as a separate corporation. To handle matters pertaining to this bureau, a special committee was appointed as follows: Dr. Shaler Richardson, Chairman, Drs. Walter C. Jones, W. C. Thomas, Ferdinand Richards, Harold D. Van Schaick, Robert B. McIver and John R. Boling.

Numerous applications for the position of Director of the Public Relations Bureau were received and a large number of them were reviewed by the Board at the meeting held on February 16. The chairman of the special committee, Dr. Richardson, was requested to interview personally those who had the best qualifications. Mr. Edward F. Stegen, Associate Administrator of the National Physicians Committee, was present at this meeting and made most interesting and constructive suggestions in connection with the establishment of a public relations bureau.

Recommendation was made at the second meeting in April that the Chairman of the Council be instructed to carry out an educational program among the members of the Council and of the Association concerning the medical service plan that is in effect. At this time, Dr. Frederick H. Bowen, Chairman, gave a verbal report of the progress made by the special committee appointed to confer with the Veterans Administration on formulating plans for having members of the Association care for certain types of veteran patients. At the next meeting, in September, on recommendation of Dr. Bowen, an agreement between the Association and the Veterans Administration was approved.

When the Board met on September 1, the dates for the Seventy-Third Annual Convention, to be held in Miami, were officially set for April 21, 22 and 23, 1947. A schedule for the program of the annual meeting was considered and approved for publication in the official program.

At this meeting approval was also given to a plan of the State Board of Medical Examiners providing that candidates who are graduates of foreign medical schools or nonacceptable medical schools in the United States and Canada be required either to take and receive credit for the senior year's work in an acceptable medical school of the United States or Canada, or serve and satisfactorily complete at least one year in an approved residency or a fellowship in an acceptable hospital in the United States or Canada, as listed by the American Medical Association.

Under discussion at the September meeting were plans for eliminating the reading of long committee reports at the first meeting of the House of Delegates. Efforts to solve this problem were continued at the meeting in February. President Richardson was requested to seek information from a number of other state associations concerning their procedure at meetings of the House of Delegates. At the next meeting of the Board a plan will be proposed which it is hoped will bring the desired results.

Action was taken at the September meeting directing that a form of amendment to the Constitution be drawn up for recommendation to the House of Delegates providing that the annual election of officers be changed from the general session to the House of Delegates. At the meeting in February, action was taken recommending to the House of Delegates that the Constitution and By-Laws be amended to provide for the election of officers to be held in the House of Delegates and not in the general session. This suggested amendment was presented at each of the four medical district meetings last October, and most of the comments to date have been favorable.

At this fourth meeting of the year, action was also taken to recommend to the House of Delegates that each county medical society shall make its annual report to the Secretary of the Association on or before February 1 and that the report shall be based on the membership of the previous calendar year. This change in the By-Laws is recommended provided the election of officers is to be held in the House of Delegates. The reasons are obvious. Members of the Association will desire to know the names of the delegates well in advance of the annual meeting of the House of Delegates.

The Board also recommended to the House of Delegates that a credentials committee be provided for in the By-Laws. This committee would pass on all credentials and make recommendations to the House of Delegates.

Only one invitation has been received for the annual meeting in 1948. The St. Johns County Medical Society has extended an invitation to hold the 1948 meeting in St. Augustine. The Ponce de Leon Hotel will be available as headquarters. The Board recommends that the invitation be accepted.

A few physicians holding temporary licenses to practice medicine were accepted into membership of the county societies and the Association. As all temporary licenses to practice medicine were canceled as of July 1, 1946, this matter was referred to the Board of Governors. Action was taken to the effect that a prerequisite to membership in the Association is the possession of a license to practice medicine in Florida. Members who were accepted while they practiced under a temporary license must, therefore, be dropped until they secure a license to practice medicine in the state.

The Board took action approving physicians of the Florida State Board of Health joining any county medical society they wish, provided they hold a license to practice medicine in Florida and are approved by the county medical society. A number of these physicians in the low income brackets are unable to pay the local dues and assessments in some of the larger county medical societies. This action by the Board permits maintenance of membership in the Association by State Board of Health physicians who would otherwise be compelled to give up their membership.

Also at the February meeting, Dr. Robert B. McIver, Secretary, presented a resolution providing for the retirement of Dr. Stewart G. Thompson, Managing Director, after the age of seventy. The proposed resolution was fully discussed and unanimously adopted.

At this meeting a resolution was adopted expressing the belief of the Board of Governors that there is need for a medical school in the State of Florida.

The recommendations providing for a meeting place in 1948; for the election of officers by the House of Delegates; in the event of this change, for submission of annual reports of county medical societies on or before February 1, based on the previous calendar year; for a credentials committee, and for a retirement plan for Dr. Stewart G. Thompson, all briefly outlined in this report, are attached to be considered by a reference committee and brought back at the second meeting of the House of Delegates for action.

Respectfully submitted,
Walter C. Jones, *Chairman.*

RECOMMENDATIONS

1. That the 1948 annual meeting be held in St. Augustine, as requested by the St. Johns County Medical Society.

2. That Article VII, Section 1 and Section 3 of the Constitution and Chapter IV of the By-Laws be amended to provide for the election of officers by the House of Delegates and not at the general session, to read as follows:

Article VII, Sec. 1, line 4. Delete the word "Association" and insert in lieu thereof "House of Delegates."

Article VII, Sec. 3, line 2. Delete the word "Association" and insert in lieu thereof "House of Delegates."

Ratification

On page 3, paragraph 21, Article XI, you will note the procedure required to amend the Constitution is that each county medical society should ratify by a majority vote of its members present at any regular meeting; it being necessary for three-fourths of the component societies to vote in favor of the ratification during the year.

Chapter IV, line 4. Delete the word "Association" and insert in lieu thereof "House of Delegates."

3. If the election of officers is changed from the general session to the House of Delegates, that Chapter III, Section 2 of the By-Laws be amended to read as follows:

Chapter III, Sec. 2, line 9. Delete the words "at least thirty days" and insert in lieu thereof "on or before February 1 and shall be based on the previous calendar year."

4. That Chapter III of the By-Laws be amended by adding to Section 16, to read as follows:

Chapter III, Sec. 16. Add "A credentials committee composed of the President Elect, First Vice President and Second Vice President shall be empowered to pass on all credentials and make recommendations to the House of Delegates."

5. That the resolution on a retirement plan for Dr. Stewart G. Thompson after the age of seventy, unanimously adopted by the Board, be ratified by the House of Delegates as follows:

WHEREAS, Stewart G. Thompson, D. P. H., has served the Florida Medical Association efficiently and loyally for some twenty-one years last past, originally as business manager and thereafter as managing director, during many of those years upon a basis of compensation which was not commensurate with his services rendered; and

WHEREAS, Under his business administration and largely attributable to his guidance, efforts and ability the affairs of the Association have prospered and its financial condition has been greatly improved; and

WHEREAS, This Board is of the opinion that the loyalty, efficiency and integrity of Dr. Thompson should be now recognized and provision made for his future financial security;

Accordingly and as an inducement to Dr. Thompson to continue his good work, this Board recommends to the Association that he be assured a life income of $300.00 per month upon his attaining the age of seventy years, or sooner should he from any cause become incapacitated to fully perform and discharge the duties of his office; that, to provide for the discharge of this retirement obligation, there be forthwith created a special fund to which shall be transferred from the general revenues of the Association $3,600.00 in 1947 and a like amount each year hereafter and, from said fund or from other Association revenues if the fund be at any time inadequate, there be paid to Dr. Thompson, from and after the date of his retirement, $300.00 per month so long as he shall live; that this obligation be made a charge against and lien upon said fund and the revenue of the Association and that the Association officers be authorized and directed to recognize and comply with the provisions of this resolution; that should the Association desire to retain the services of Dr. Thompson after he becomes seventy years of age and he be agreeable thereto, it may enter into special year to year agreements with him but that same shall in no wise alter or impair his right to receive the aforesaid life income; that until Dr. Thompson shall so retire or become incapacitated, the salary he is presently receiving shall be continued.

The chair then recognized Mr. C. P. Loranz, Secretary-Manager of the Southern Medical Association.

Mr. Loranz: I did not expect to have the privilege of speaking before you this morning. I always enjoy coming to the Florida meetings and come as often as I can. Somebody asked me what I was doing down here. I don't want a thing. I just came down to be with you. Let me express again the appreciation of the Southern Medical Association for all that Florida has done for us over the years. It is certainly a privilege to be here at this meeting in Miami. I thank you.

Dr. Richardson: Thank you, Mr. Loranz. You know our hearts are always with the Southern Medical Association.

The chair called for unfinished business.

Dr. Sugg: I don't know whether this is the proper time to bring up this matter. However, in view of the fact that the State Association is primarily a scientific body, I think it is only proper that the House of Delegates recognize it and give some serious consideration to the problem Dr. Jones mentioned a while ago, of increasing the length of time allotted to the scientific assemblies.

Dr. Richardson: The remarks by Dr. Sugg are well taken and right to the point. However, I think his recommendation is included in a resolution and the incoming scientific committee will try to expand our program. I certainly think that we should have more scientific papers and take up more time with our scientific work. I know the other officers of the Association feel that way. This is certainly no criticism of the past scientific programs.

Is there any further unfinished business?

ANNOUNCEMENTS

Dr. Richardson: Immediately following the meeting of the House of Delegates, there will be a general session and our guest, Dr. John H. Dunnington, will speak to us.

There being no further business, on motion duly made, seconded and carried, the House of Delegates adjourned, sine die.

SCIENTIFIC ASSEMBLIES

FIRST SCIENTIFIC ASSEMBLY

The Scientific Assembly convened at 2 p. m., Tuesday, April 22, in the Municipal Auditorium, with Dr. Herbert E. White and Dr. Daniel A. McKinnon presiding. The following papers were read and discussed:

1. "The Clinical Value of Gastroscopy," H. Phillip Hampton, Tampa.

2. "Common Fungous Diseases of the Skin" (Lantern Slides), Wesley W. Wilson, Tampa.

3. "Curare, with Mention of the New Curare-like Preparation Di-hydro Beta-Erythroidine" (Lantern Slides), Thomas E. Daly, West Palm Beach.

4. "The Doctor and the Public," Frank G. Slaughter, Jacksonville.

5. "New Services of the State Laboratories," Albert V. Hardy, Jacksonville.

SECOND SCIENTIFIC ASSEMBLY

The second Scientific Assembly was held Wednesday, April 23, at 9:30 a. m.; Dr. J. Rocher Chappell and Dr. Herbert E. White presiding. The following papers were read and discussed:

6. "Manifestations of Some Internal Diseases in the Fundus of the Eye" (Lantern Slides), W. Jerome Knauer, Jacksonville.

7. "The Surgical Approach to the Treatment of Certain Heart Diseases" (Lantern Slides), Emil M. Isberg, Miami Beach.

8. "The Manchaster Operation in the Treatment of Uterine Prolapse" (Motion Picture), C. J. Collins; Louis Pohlman and Gabriel Sanchez (by invitation), Orlando.

9. "Wounds of the Colon and Rectum," (Lantern Slides), C. Frank Chunn, Tampa.

REGISTRATION

The total registration during the seventy-third annual meeting of the Florida Medical Association, held in Miami, April 21, 22 and 23, was 1,145, of which 590 were members of the Association, 116 were visiting physicians, 8 were other guests, 292 were members and guests of the Woman's Auxiliary, and 139 were representatives of exhibiting firms.

REGISTRATION LIST

OFFICERS

Shaler Richardson, President *Jacksonville*
William C. Thomas, President-elect *Gainesville*
E. C. Swift, 1st Vice Pres. *Jacksonville*
John W. Snyder, 2nd Vice Pres. *Miami*
James B. Parramore, 3rd Vice Pres. *Key West*
Robert B. McIver, Sec'y-Treas. *Jacksonville*
Homer L. Pearson, Editor *Miami*
Stewart G. Thompson, Managing Director *Jacksonville*

MEMBERS

APALACHICOLA: Terry Bird. ARCADIA: G. H. McSwain, J. A. Simmons. BARTOW: C. H. Murphy, W. F. Peacock. BAY PINES: Ernest R. Barnett. BONIFAY: R. H. Segrest. BRADENTON: L. W. Blake, A. J. Floyd, W. W. Harris, Millard Quillian, W. D. Sugg, W. E. Wentzel. BRANFORD: P. C. Farnell. CLEARWATER: P. H. Guinand, M. Crego Smith. COCOA: T. C. Kenaston. CORAL GABLES: A. D. Amerise, Bernard T. Bell, Charles R. Burbacher, Henry H. Caffee, Jack Q. Cleveland, Robert F. Dickey, Frank W. Hewlett, Charles F. Hudson, Robert P. Keiser, Edward L. Kinney, F. E. Kitchens, Warren W. Quillian, T. D. Sanberg, Arthur H. Weiland, Hilliard W. Willis. DADE CITY: W. Wardlaw Jones. DAYTONA BEACH: H. Hausman,, W. L. Jennings, Morris B. Seltzer, Vaughan A. Shaw, Ludo von Meysenbug. DELAND: J. E. Taylor. DELRAY BEACH: K. M. Davis, James R. Nieder. EUSTIS: R. H. Williams. FERNANDINA: Cecil B. Brewton, John W. McClane. FORT LAUDERDALE: Robert Blessing, Robert E. Blount, O. C. Brown, Mark Butler, Milton N. Camp, Russell B. Carson, Anna A. Darrow, Burns A. Dobbins, F. J. Driscoll, R. L. Elliston, Roland F. Fisher, E. B. Gill, B. F. Hart, Garland M. Johnson, M. A. Lovejoy, L. U. Lumpkin, Richard A. Mills, H. J. Peavy, C. A. Peterson, F. D. Pierce, F. Leslie Snyder, C. H. Sory, Lawrence L. Stepp, R. H. Stovall, Alva Richard Taylor, Leigh F. Robinson, Elliott Wilson, S. J. Wilson.

FORT MYERS: W. H. Grace, H. Quillian Jones, H. J. Stipe. FORT PIERCE: H. D. Clark, H. B. Goodwin, Jr., L. L. Whiddon. GAINESVILLE: Edwin H. Andrews, F. Emory Bell, A. T. Cobb, J. M. Dell, Jr., J. M. McClamroch, John E. Maines, Jr., Walter E. Murphree, Geo. H. Putnam, Thos. A. Snow. GRACEVILLE: R. L. Miller. HAVANA: J. W. Sapp. HIALEAH: L. H. O'Quinn. HOLLYWOOD: Rudolph W. Heath, R. J. Patterson. HOMESTEAD: A. M. Logan.

JACKSONVILLE: Thomas S. Adams, Horace M. Anderson, Archie J. Baker, D. M. Baldwin, John A. Beals, Sullivan G. Bedell, John B. Black, James L. Borland, F. H. Bowen, Alan Brown, Edw. Canipelli, W. H. Chapman, S. E. Driskell, F. L. Fort, Karl Hanson, Albert V. Hardy, Wm. G. Harris, Graham E. Henson,

Luke Holloway, F. K. Hurt, Edward Jelks, Raymond H. King, Wm. Jerome Knauer, F. W. Krueger, T. H. Lipscomb, J. G. Lyerly, E. F. McCall, W. H. McCullagh, R. L. McDaniel, Charlie Mabry, Webster Merritt, John H. Mitchell, Nelson A. Murray, Aaron Z. Oberdorfer, Frederick Oetjen, L. L. Parks, Edwin Riley, Wm. E. Ross, Frank G. Slaughter, Lauren M. Sompayrac, R. F. Sondag, Wilson T. Sowder, Walker Stamps, F. J. Waas, E. C. Watt, Nathan Weil, Jr., Louis A. Wilensky, J. Frank Wilson.

JASPER: Robert F. Sayre. LACOOCHEE: W. H. Walters. LAKE BUTLER: Henry S. Blank. LAKE CITY: T. H. Bates, R. B. Harkness, J. F. Pitman. LAKELAND: J. W. Annis, J. R. Boulware, Jr., F. S. Gachet, Marion W. Hester, Wm. P. Logan, T. H. Roberts, James T. Shelden, Edgar Watson, Herman Watson. LAKE WALES: J. L. Kinzie. LAKE WORTH: Carl M. Pults, A. Scott Turk. LIVE OAK: Irby H. Black. MARIANNA: D. A. McKinnon. MELBOURNE: T. J. Kaminski.

MIAMI: Lawrence Adler, S. P. Alderson, J. Alexander, Lassar Alexander, James L. Anderson, L. L. Andrews, Edward R. Annis, Roger J. Arango, Samuel Aronovitz, Geo. C. Austin, L. A. Baker, H. A. Barge, W. J. Barge, Ralph Edmond Baxter, Nelson M. Black, Morris H. Blau, William K. Boros, Laura M. Hobbs Bourne, John C. Branham, Andrew G. Brown, E. C. Brunner, John E. Burch, R. N. Burch, Henry Cadan, B. D. Carroll, T. E. Cato, S. E. Chambers, Gail E. Chandler, R. B. Chrisman, Jr., I. B. Cippes, Marcus B. Cirlin, G. D. Conger, Maurice P. Cooper, M. M. Coplan, Joseph H. Crawley, E. W. Cullipher, John E. Dees, John W. Dix, P. L. Dodge, L. W. Dowlen, C. E. Dunaway, J. G. DuPuis, Herbert Eichert, James O. Elam, W. H. Ellis, Frederick E. Farrer, David W. Fassett, R. Marshall Faver, George Ferre, W. L. Fitzgerald, Emmett T. Fitzpatrick, R. M. Fleming, M. Eugene Flipse, M. Jay Flipse, Roger J. Forastiere, Forrest Foreman, G. C. Franklin, Edw. F. Fox, Elmo D. French, Tom R. Gammage, Edmond Gamse, Francis W. Glenn, T. S. Gowin, J. Raymond Graves, Thos. S. Griggs, Fuad Hanna, Robert M. Harris, Winston F. Harrison, Tracy Haverfield, Chas. E. Hebard, John Patrick Higgins, John R. Hilsenbeck, Andrew H. Hinton, E. E. Hodsdon, L. A. Hodsdon, William M. Howdon, Robert Spencer Howell, Jack Humphreys, Thomas W. Hutson, Wm. H. Izlar, Ralph W. Jack, S. L. Jeffrey, L. M. Jenkins, S. Curtis Johnson, Walter C. Jones, Jack J. Kaufman, C. L. Kennon, Morris E. Kuckku, A. Kushner, Carlos P. Lamar, W. T. Lanier, George W. Lawson.

R. L. Laymon, H. A. Leavitt, R. Lefholz, Alfred G. Levin, Nathaniel M. Levin, George D. Lilly, George Lister, William D. Lithgow, A. Buist Litterer, Joseph Lomax, Y. C. Lott, Eugene C. Lowe, William Edward Lowe, Joseph H. Lucinian, R. O. Lyell, G. R. McClary, John T. Macdonald, George N. MacDonell, Franklin McElheny, E. N. McKenzie, G. E. McKenzie, Jack A. McKenzie, Wm. McKibben, Norman McLeod, John V. McMackin, Martin Mangels, Jr., P. J. Manson, Dominic A. Marion, Marion C. Martin, John H. Mason, Edw. Meadow, Matt. P. Meehan, Perry Melvin, James H. Mendel, Claude G. Mentzer, Carl M. Midkiff, John D. Milton, G. A. Mitchell, Harry M. Moore, C. Russell Morgan, R. Sam Moseley, A. H. Mouradian, Jose I. Navarro, E. Sterling Nichol, F. O. Nichols, R. K. Nuzum, Jr., R. M. Oliver, Benjamin G. Oren, Thomas O. Otto, Sam W. Page, Jr., Bascom H. Palmer, Geo. A. Paulk, Colquitt Pearson, Nelson T. Pearson, Eduardo F. Pena, M. S. Pender, Max Pepper, J. Randolph Perdue, C. Larimore Perry, Edgar Peters, Kenneth Phillips, B. G. Pollock, N. A. Portocarrero, Edwin P. Preston, James H. Putman, Gerard Raap, Harold Rand, Homer A. Reese, W. Carlton Rentz, J. C. Richardson, John R. Richardson, Julian A. Rickles, Samuel J. Roberts, C. Frederic Roche, Reuben Rochkind, H. B. Rogers, M. J. Rosnick, Bernard D. Ross, Ruth W. Rumsey, Walter W. Sackett, Jr., S. Marion Salley, Wiley M. Sams, Ralph S. Sappenfield, C. A. Scarborough, John W. Shisler, Francis C. Skilling, C. Kirby Smith, Don W. Smith, Marvin Smith, Robert T. Spicer, Donald G. Stannus, J. Charles Sternberg, Franz Stewart, Jos. S. Stewart, R. F. Stover, J. D. Stuart, Harry Tarr, Edwin C. Thomas, K. C. Thomas, M. D. Thomas, M. E. Threlkeld, J. I. Thorne, Henry L. Tippins, Jno. P. Turk, Jr., John C. Turner, Harold D. Van Schaick, W. J. Vinson, H. W. Virgin, Jr., F. A. Vogt, Harrison A. Walker, G. J. Walsh, Barney Weinkle, Philip Weinstein, Lynn W. Whelchel, Eston D. White, Kenneth S. Whitmer, Geo. Williams, Jr., M. C. Wilson, A. W. Wood, R. C. Woodard, Frank M. Woods, Scheffel H. Wright, Corren P. Youmans, Iva C. Youmans, Paul A. Zimmerman.

MIAMI BEACH: Theodore M. Berman, Herman Boughton, Raymond Breitbart, Maryland Burns Byrne, L. Capland, Jess V. Cohn, Benjamin Coleman, O. S. Dowlen, L. W. Elgin, David W. Exley, Jack J. Falk, Meyer J. Glick, Max Gratz, A. R. Hollender, Walter T. Hotchkiss, Emil M. Isberg, Leonard H. Jacobson, Harry Kraff, Frederick LeDrew, George N. Leonard, Morris J. Levine, Charles Lippow, A. Lustgarten, Meyer B. Marks, M. S. Mazel, E. W. Mencher, Robert F. Mikell, Abraham Nemser, Julius A. Oshlag, W. Duncan Owens, Cayetano Panettiere, Frazier J. Payton, Jean Jones Perdue, Virgil H. Pieck, Joseph B. Pomerance, John A. Renwick, Bernard L. Robbins, Maurice J. Rose, Martin Ross, Edward Roth, Milton S. Saslaw, S. Selevan, Harry Z. Silverman, Earl R. Templeton, E. J. Thomas, Rene A. Torrado, M. P. Travers, David Walterman, Arthur L. Walters, S. Chas. Werblow, D. Ward White, M. Zimmerman.

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(Terms expire Dec. 31, 1948)



William Clark Thomas, M. D., President

The son of Dr. William Anderson and Zona Virginia Thomas, Dr. William Clark Thomas was born in Washington County, Ga., on May 24, 1891. He received his premedical education at Emory University, receiving the Bachelor of Arts degree there in 1911, and his medical training at Johns Hopkins Medical School, where he received the degree of Doctor of Medicine in 1915. After he had served for one year as an interim at the Union Memorial Hospital in Baltimore, Md., he entered the Army Medical School in Washington, D. C., and finished there in March 1917.

Commissioned a first lieutenant, Dr. Thomas then served in the Medical Corps of the Army for seven years, leaving the service with the rank of Major in 1924. During this tour of duty he was stationed in Texas, California, the Philippine Islands, China and at West Point, N. Y.

On April 29, 1918, Dr. Thomas married Miss Sara Margaret Smith of Bartow, Ga. They have three children, Dr. W. C. Thomas, Jr., and twin daughters, Mrs. Grover Alison and Mrs. Lee Graham.

Since 1924, Dr. Thomas has practiced medicine in Gainesville. He has served as chief of staff of the Alachua County Hospital there and at present heads the obstetric service. The medical societies with which he has long been actively identified include the Alachua County Medical Society, the Florida Medical Association and the Southern Medical Association, in which he at present serves as Councilor from Florida. In addition, he is a fellow of the American Medical Association and of the American College of Surgeons. Under his experienced and able leadership the Association will make noteworthy progress this year.

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NEW OFFICERS OF THE ASSOCIATION

At the closing session of the Annual Meeting of the Association, held in Miami on April 23, the following officers were elected for the ensuing year: Dr. Joseph S. Stewart, Miami, President-Elect; Dr. Frank W. Hewlett, Miami, First Vice President; Dr. Frank D. Gray, Orlando, Second Vice President; Dr. Bricey M. Rhodes, Tallahassee, Third Vice President, and Dr. Robert B. McIver, Jacksonville, Secretary-Treasurer. With this election, Dr. McIver begins the fourth year of service in his office.

Dr. William C. Thomas, Gainesville, was elevated to the presidency and received the gavel from Dr. Shaler Richardson, Jacksonville, the retiring president. Dr. Richardson was named Editor of the Journal. He assumes this office again after a three year absence, during which time he served as president-elect for two years and then as president.

ANNUAL CONVENTION HELD IN MIAMI

The seventy-third annual meeting of the Florida Medical Association, held in Miami on April 21, 22 and 23, was an outstanding event. The total registration was 1,145, of which 590 were members of the Association, 116 were visiting physicians, 8 were other guests, 292 were members and guests of the Woman's Auxiliary, and 139 were representatives of exhibiting firms. The registration at this annual convention set a record unsurpassed in the history of the Association for it exceeded the previous largest registration of 886 at the Jacksonville meeting in 1946.

The Dade County Medical Association and the local Woman's Auxiliary, through their officers and well organized committees, did everything possible for the comfort and pleasure of the members and guests.

Three general sessions, two meetings of the House of Delegates and two scientific assemblies were held, in accordance with the program printed in detail in the April Journal. Florida's specialty societies met during Sunday and up until Monday noon. Ten specialty groups, the greatest number since 1941, held annual meetings.

Foremost among the social events were the smoker at the Coral Gables Country Club and the Association's annual dinner at the Surf Club. These were both delightful occasions. At the dinner, vouchers for prizes in sports events were awarded.

At the breakfast for the Board of Past Presidents on Tuesday morning, Dr. John S. McEwan of Orlando was elected president and Dr. John R. Boling of Tampa, secretary.

Tuesday noon at the McAllister Hotel, Dr. Homer L. Pearson, Editor of The Journal, had as his guests for luncheon the associate editors, the abstract editors and the members of the Publication Committee.

The annual meeting in 1948 will be held in

the historic setting of St. Augustine with the Ponce de Leon Hotel as headquarters.

The complete text of recommendations by the reference committees and actions taken by the House of Delegates may be found in the preceding pages of the Journal.

DR. BORTZ SUCCEEDS DR. WEST AS PRESIDENT-ELECT OF THE A. M. A.

Because of ill health, Dr. Olin West of Nashville, Tenn., resigned early in April as president-elect of the American Medical Association. For a quarter of a century, Dr. West, now 72, served as secretary and general manager of that association, retiring from his official duties on April 1, 1946. His devotion and diligence in behalf of its progress and policies have won for him the highest esteem of the profession and a host of warm friends among its members, all of whom deeply regret that he must forego the honor, in this centennial year, of succeeding to the presidency of this great society as a fitting consummation to his unremitting labors during one fourth of its existence.

Dr. Edward L. Bortz of Philadelphia, the vice president, succeeds Dr. West and becomes the president at the annual session in Atlantic City this month. A native of Greensburg, Pa., where he was born fifty-one years ago, he received the degree of Bachelor of Arts from Harvard University in 1920 and the degree of Doctor of Medicine in 1923, later studying in Vienna and Berlin and giving further special attention to pathology at the Mayo Clinic and the University of Illinois Medical School. From 1930 to 1932, he served as instructor in the Department of Pathology of the University of Pennsylvania School of Medicine and the Graduate School of Medicine and since that time has been associate professor of medicine at the Graduate School of Medicine of the University of Pennsylvania and also chief of Medical Service B at Lankenau Hospital.

During World War II Dr. Bortz was on active duty as lieutenant commander and later promoted to captain in the United States Navy, serving from January 1942 through January 1944. He has had wide experience serving numerous local, county, state and national medical organizations in an official capacity and has been the recipient of many honors. He has served the American Medical Association with distinction for some years; as a member since 1942 and chairman since 1945 of its council on scientific assembly, he deserves much of the credit for the arrangement of the excellent programs for the general scientific meetings.

ONE HUNDREDTH ANNIVERSARY OF THE AMERICAN MEDICAL ASSOCIATION

The first meeting of the American Medical Association was held in Philadelphia one hundred years ago last month. The founding, the result of long planning characterized by bickering and travail, destined this great organization to achievements in line with the fondest expectations of its early sponsors. Almost from the start it filled an important need of American medicine. Dr. Nathan Smith Davis, who, more than any other, was responsible for its founding, said in 1855, when he recorded the history of the infant society:

> Of all the voluntary social organizations in our country, none are at this time in a position to exert a wider or more permanent influence over the temporal interests of our country than the American Medical Association. . . .

Through the years the prestige and influence of this association have kept pace with the nation's progress. It is, therefore, altogether proper in this centennial year that its birth be commemorated by an appropriate celebration. Toward that end, the American Medical Association in its Centennial Radio Broadcast over the National Broadcasting Company network presents weekly on Saturday at 4 p. m. Eastern standard time a program called "Doctors — Then and Now." These programs, by dramatization, compare physicians and situations in medicine today with those of yesteryear. As their part in this feature of the centennial celebration, South Carolina, Georgia and Florida on January 4 joined in presenting a program commemorating the life of Dr. Crawford W. Long of Georgia. On the network of the Mutual Broadcasting Company, the program entitled "Stephen Graham, Family Doctor" is also currently on the air, being presented each Monday night at 10:30 Eastern standard time.

In the annual session of the association, scheduled for June 9-13 in Atlantic City, the centennial observance reaches a fitting climax. For the general scientific meetings, programs of timely interest and panel discussions of the modern man-

agement of heart disease, emergency surgery and antibiotic therapy have been arranged. Distinguished guests participating will be Professor George W. Pickering of London, Professor Herbert John Seddon of Oxford, England, and Sir Howard Florey of Oxford, noted for his clinical research on penicillin. An innovation at the opening general meeting on Tuesday night, June 10, will be music by the Philadelphia Festival Orchestra.

Another feature of the centennial celebration is the preparation of a volume in four parts containing the complete history of the association. The publishers anticipate that this history, which has recently appeared serially in The Journal of the American Medical Association, will be available for distribution at the centenary in Atlantic City.

Thus the drama of organized medicine across a century of American life concludes only to begin anew, for history is continually in the making. Nor is it ever made in the abstract. Rather, it is something that someone has done, not an achievement en masse but a composite of countless parts individually contributed. The forces that make up history are the ideals that men cherish, their ambitions and their mistakes. A study of man's cumulative experience throughout the past throws light on his problems of the present and the future. So it is with the intricate mosaic which is the history of organized medicine in this country.

History is not dead. It lives.

COMMEMORATIVE POSTAGE STAMP

A commemorative postage stamp of the three-cent variety honoring the physicians of the United States will be placed on sale on June 9 on the occasion of the one hundredth anniversary of the founding of the American Medical Association. In approving the issuance of this special stamp Postmaster General Robert E. Hannegan said: "In so honoring the American doctor we are paying tribute to the men and women of medicine who devote their lives to the cause of humanity. Alleviation of pain and suffering and the betterment of mankind is their creed. The contribution which they have made to our national life is one of which all Americans can be proud and grateful."

GRADUATE SHORT COURSE

JUNE 23-28

The Department of Medicine of the Graduate School of the University of Florida, in cooperation with the Florida Medical Association and the Florida State Board of Health, will present the Fifteenth Annual Graduate Short Course for Doctors of Medicine at the George Washington Hotel, Jacksonville, from June 23 to June 28, inclusive. As has been the rule in the past, the first three days will be devoted primarily to medicine and the last three days to surgery.

The following lecturers will be heard on Monday, Tuesday and Wednesday:

Dr. W. A. Sodeman, Professor and Director of the Department of Tropical Medicine and Public Health, Tulane University School of Medicine, will return to give the lectures on Medicine. Dr. Sodeman will discuss: "The Use and Abuse of Sedative Drugs;" "Epigastric Distress as a Diagnosis and Therapeutic Problem;" "Recent Advances in the Treatment of Infectious Disease;" "Peripheral Vascular Disease: Aspects of Importance to the General Practitioner;" "The Treatment of the Anemic Patient;" and "Common Types of Hepatitis Seen in the South."

Dr. Amos Christie, Professor of Pediatrics, Vanderbilt University School of Medicine, will deliver the lectures on Pediatrics and, in addition, plans to hold on Monday, Tuesday and Wednesday afternoons at 4:30, a clinic at the Duval County Hospital for the purpose of demonstrating pediatric procedures. Dr. Christie will lecture on: "Heart Disease in Childhood;" "Pediatric Emergencies;" "Some Recent Advances in Our Knowledge of Growth and Development;" "Prematurity and Care of the Newborn, Including Something of Epidemic Diarrhea and the Newborn;" and "Problems of Adolescence."

Dr. Robert D. Wright, Surgeon, USPHS, of the Venereal Disease Research Laboratory, U. S. Marine Hospital, Staten Island, N. Y., will give the following lectures on Venereal Disease: "Gonorrhea and Minor Venereal Diseases;" "Early Syphilis—Laboratory and Clinical Diagnosis;" "Late and Latent Syphilis;" "Treatment of Syphilis—Present Status of Penicillin in the Treatment of Early and Late Syphilis;" and

"The Experience of the V. D. Research Laboratory in the Treatment of Syphilis with Penicillin."

Dr. R. A. Ross, Associate Professor of Obstetrics and Gynecology, Duke University School of Medicine, has agreed to deliver the lectures on Obstetrics. Titles of his lectures will be announced later.

On Thursday, Friday and Saturday, the following lecturers will be featured:

Dr. A. D. Campbell, Associate Professor of Gynecology, McGill University School of Medicine, Montreal, Quebec, has accepted the assignment to deliver the lectures on Gynecology. The subjects of his lectures will be announced.

Dr. William F. Rienhoff, Jr., Associate Professor of Surgery, The Johns Hopkins University School of Medicine, will return to lecture on Surgery. A slight change in the schedule will cause Dr. Rienhoff's lectures to come on Thursday and Friday, and the titles will be announced.

Dr. T. L. Waring, of the Campbell Clinic, Memphis, Tenn., will deliver three lectures on Orthopedic Surgery, beginning Friday afternoon.

Programs will be mailed to the doctors the latter part of May.

The Committee wishes to call to the attention of the doctors that the registration fee has been increased from five to ten dollars for the week's course.

The Department of Medicine of the Graduate School of the University of Florida will present a special course on Hematology at the same time the Short Course is given. This course will be presented by Dr. Russell L. Haden, of the Cleveland Clinic, on Wednesday, Thursday and Friday, June 25, 26 and 27, also at the George Washington Hotel, Jacksonville. Advance registration will be taken.

STATE NEWS ITEMS

At the closing session of the annual meeting of the Atlantic Coast Line Railroad Surgeons Association, held at the Fort Harrison Hotel in Clearwater on April 4, 1947, Dr. Duncan T. McEwan of Orlando was elected president. Among the essayists presenting the scientific program were Dr. James G. Lyerly and Dr. L. Sydnor Lafitte of Jacksonville and Dr. McEwan. More than one hundred Southern physicians and surgeons were in attendance.

Two Tampa physicians addressed the Hillsborough County Parents' Council on Cerebral Paralysis at the Bayside School for spastic children in that city on April 1, 1947. Dr. Joseph J. Ruskin discussed the different types of spastic paralysis and preventive and corrective measures. Dr. Clarence A. Rudisill presented the urgent need of an orthopedic hospital, which would accommodate all types of handicapped children, including those affected by poliomyelitis, spinal meningitis and cerebral palsy.

"New Horizons in Medicine" was the subject of an address made by Dr. Frank G. Slaughter of Jacksonville before the Sorosis Club of Orlando on April 15, 1947. He surveyed the general medical progress of the last decade and offered a glimpse of the future. Dr. John R. Boling of Tampa was also a guest speaker, and his subject was "Socialized Medicine." Special guests of the club were the professional men and women of Orlando, members' husbands and the debating teams of the Orlando Senior High School.

At the meeting of the Southeastern Surgical Congress in Louisville, Ky., on March 11, 1947, Dr. David R. Murphey, Jr., of Tampa presented a paper on "The Use of Atmospheric Pressure in Obliterating Axillary Dead Space Following Radical Mastectomy."

Dr. Robert B. McIver of Jacksonville was elevated to the presidency of the Southeastern Section of the American Urological Association during the three day convention held at Palm Beach on March 27, 28 and 29. He succeeds Dr. Hubert K. Turley of Memphis, Tenn. Dr. Harold P. McDonald of Atlanta, Ga., who was serving as secretary-treasurer, became president-elect, and Dr. Russell B. Carson of Fort Lauderdale was named secretary-treasurer. Dr. Kenneth Montgomery of West Palm Beach was chosen to succeed Dr. Carson as the Florida representative on the executive committee.

Dr. W. Stewart Flanagin of Jacksonville announces the opening of offices in the St. James Building. Dr. Flanagin will limit his practice to reparative and plastic surgery.

More than three hundred physicians attended the annual meeting of the Southeastern Section of the American Urological Association, which took place at Whitehall Hotel in Palm Beach the last week in March. Dr. Charles McMartin of Omaha, President, and Dr. E. Granville Crabtree of Boston, President-Elect, of the American Urological Society were among the distinguished speakers. Dr. McMartin's subject was "Trauma of the External Genitalia," and Dr. Crabtree discussed "Renal Pedicle Sympathectomy for Intractable Renal Pain." The past president's address, entitled "State's Rights in Medicine," was presented by Dr. William M. Coppridge of Durham, N. C.

Floridians participating in the scientific program of the annual meeting of the Southeastern Section of the American Urological Association, held in Palm Beach late in March, were Dr. A. J. Gorday of the Veterans Administration Hospital, Bay Pines, whose subject was "Prostatectomy in Men Over Seventy-Five," and Dr. Frank J. Pyle of Orlando, who presented a paper on "Suprapubic Suction Vesical Drainage."

MARRIAGES AND DEATHS

MARRIAGES

Dr. Lewis Townsley Corum and Miss Genevieve Murphy White of Tampa were married on March 20, 1947.

Dr. Walton B. Wall, Jr., of Orlando and Mrs. Agnes Chaires of Jacksonville were married on April 5, 1947.

DEATHS — MEMBERS

Dr. Lester J. Efird, Winston-Salem, N. C.—March 20, 1947.

OTHER DOCTORS

Dr. Major J. Henderson, Baker, —April 1, 1947.

FOR SALE: One General Electric Portable X-ray Machine, Model F, Type 3, with balanced wall stand. Perfect condition. Price $375. For further information write Room 712, First National Bank Building, Tampa, Fla.

IN APPRECIATION

To the Members of the Florida Medical Association

Dear Friends:

Since January 1, 1926, it has been my pleasure and privilege to serve you. Through the years a host of you have become warm personal friends. A large number have gone to their reward, but there linger cherished memories of happy fellowship together in fruitful labors for the Association. The two decades and more, spent in earnest endeavor to serve you faithfully and to the best of my ability, have been a real joy and a constant source of genuine pleasure.

For their efforts to serve well, few people find other reward in this life than the feeling of satisfaction they experience. Tangible recognition, such as you have bestowed upon me, comes only to the very few, and I count myself fortunate indeed to be among that number.

The retirement plan provided for me after the age of seventy, recommended by the Board of Governors and acted upon favorably by the House of Delegates on April 22, 1947, is an expression from you that has filled my heart to overflowing. This generous and thoughtful consideration from the membership engenders in me a sense of deepest gratitude as I pledge anew to you the best I have to give in the furtherance of the interests of the Association. Should the Association desire to retain my services after I reach the age of seventy, it may enter into special year to year agreements with me. I sincerely hope that the Association will desire and need my services for many, many years to come.

In acknowledging this vote of confidence, I desire to assure every member of my sincere friendship and good will.

Cordially and sincerely,

Stewart G. Thompson

COMPONENT COUNTY SOCIETIES

ALACHUA

Dr. J. Maxey Dell, Jr., of Gainesville gave a talk on "Cancer" at a meeting of the Twentieth Century Club of that city recently. Dr. Dell is the chairman of the executive committee of the American Cancer Society of Alachua County and is also on the board of directors of the Florida division of the American Cancer Society.

DADE

Dr. J. Randolph Perdue of Miami was elected president of the South Atlantic Association of Obstetricians and Gynecologists at its February meeting in Savannah, Ga. The territory covered by this association includes Virginia, North Carolina, South Carolina, Georgia and Florida. At this meeting, Dr. Robert T. Spicer of Miami presented a paper entitled "Hyperestrinism."

In his "History of the Jackson Memorial Hospital Library," published in the May number of The Bulletin of the Dade County Medical Association, Inc., Dr. Paul Kells of Miami recounts the struggle to establish and house an adequate library at Jackson Memorial Hospital in that city. Established in 1917 as a City Hospital of 35 beds and staffed by 1 intern, this institution was renamed in 1924 in memory of the late Dr. James M. Jackson, one of the founders of the original hospital. It now has 549 beds and 96 bassinets, and is staffed by 9 resident physicians, 19 interns and a visiting staff numbering more than 355. This truly remarkable growth in thirty years is reflected in the library. Credit for early efforts to provide acceptable library facilities required in an accredited hospital is given Dr. Iva C. Youmans and Dr. A. J. McRae, the superintendent in the late twenties. In 1937, when 584 books and 14 journals constituted the library, a full time librarian, Miss Zula Morris, was employed. Today, the library has 5,254 volumes, 71 of which have been published since 1944, and 82 journals are received.

PASCO-HERNANDO-CITRUS

On April 10, 1947, the regular monthly meeting of the Pasco-Hernando-Citrus County Medical Society was held at Magnolia Lodge in Crystal River, with Dr. Porter J. Hudson as host. In addition to Dr. Hudson, members present were Drs. George R. Creekmore, William G. Mason, Donald G. Bradshaw, William H. Walters, Jr., Jere W. Kirkpatrick, Samuel C. Harvard and W. Wardlaw Jones. Dr. James L. Estes and Dr. Ralph S. Torbett of Tampa were guests. Dr. Estes discussed "The Malignant Prostate," and he and Dr. Hudson presented urologic cases of much interest. Dr. Harvard described a case of rectal malignant disease complicated by a fracture of the hip.

PINELLAS

Dr. Miriam M. Drane of St. Petersburg presented a paper on "Undulant Fever" before the Pinellas County Medical Society at its April dinner meeting. Dr. L. R. Marshall of St. Petersburg was also on the program.

SEMINOLE

Dr. Samuel Puleston of Sanford has been signally honored by his friends, who have had dedicated to him a room in the new Fernall-Laughton Memorial Hospital in that city. Dr. Puleston has practiced medicine there for more than forty years.

VOLUSIA

At the April dinner meeting of the Volusia County Medical Society, held at the Silver Dollar in Holly Hill, Dr. A. N. McCarthy of Daytona Beach presented a paper on "Pancreatic Cysts."

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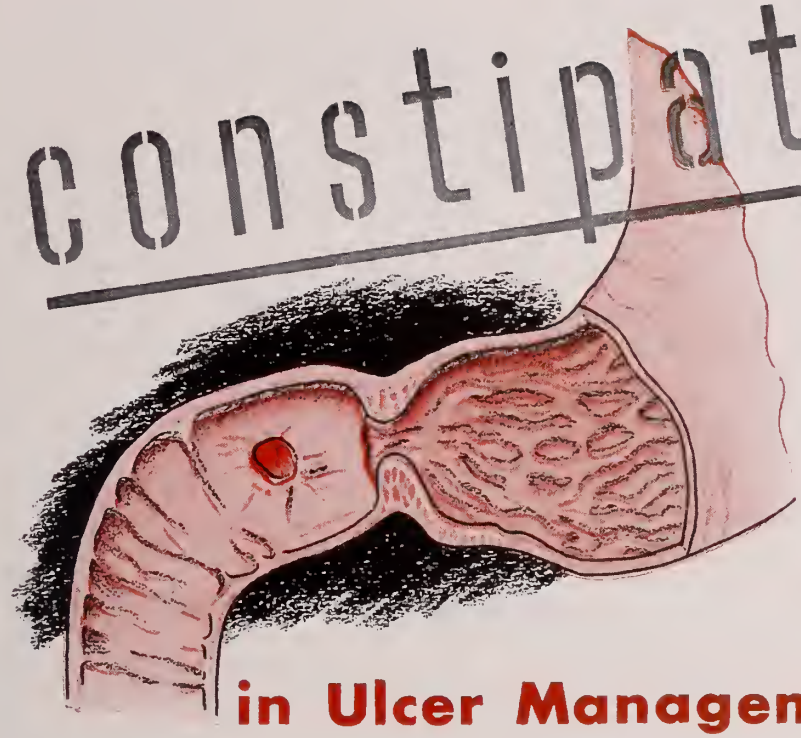
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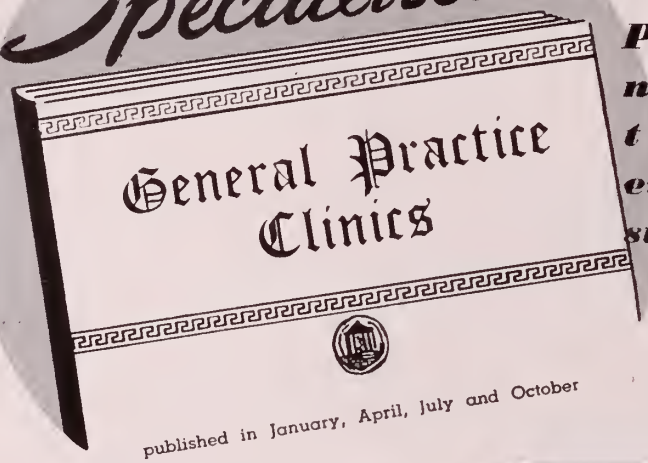
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SCHEDULE OF MEETINGS

ORGANIZATION	PRESIDENT	SECRETARY	ANNUAL MEETING
Florida Medical Association	William C. Thomas, Gainesville	Robert B. McIver, Jacksonville	St. Augustine, 1948
Florida Medical Districts	W. Duncan Owens	Council Chairman	
A-Northwest	William C. Roberts, Panama City	Irby H. Black, Live Oak	Panama City, 1947
B-Northeast	Vernon A. Lockwood, St. Augustine	Rabun H. Williams, Eustis	St. Augustine, 1947
C-Southwest	James R. Boulware, Jr., Lakeland	John M. Butcher, Sarasota	Lakeland, 1947
D-Southeast	Adrian M. Sample, Fort Pierce	Russell B. Carson, Ft. Lauderdale	Fort Pierce, 1947
American Medical Association	H. H. Shoulders, Nashville	Geo. F. Lull, Chicago	Atlantic City, June 9-13, 1947
Southern Medical Association	E. L. Henderson, Louisville, Ky.	Mr. C. P. Loranz, Birmingham	
Alabama Medical Association	Carl A. Grote, Huntsville, Ala	Douglas L. Cannon, Montgomery	Birmingham
Georgia, Medical Assn. of	Ralph Hill Chaney, Augusta, Ga	Edgar D. Shanks, Atlanta	Augusta, Ga., 1947
Florida—			
Section, Am. College Phys.	E. Sterling Nichol, Miami	R. D. Thompson, Orlando	St. Augustine, 1948
Basic Science Exam. Board	Ezda M. Deviney, Ph.D., Tallahassee	M. W. Emmel, D.V.M., Gainesville	
Dental Society, State	W. P. Wood, D.D.S., Tampa	A. J. Fillastre, D.D.S., Lakeland	
Derm. and Syph., Soc. of	Samuel F. Ricker. Orlando	Wesley W. Wilson, Tampa	St. Augustine, 1948
Health Officers' Society	Frank V. Chappell, Tampa	Lorenzo L. Parks, Jacksonville	St. Augustine, 1948
Hospital Association	Sister Alverna, West Palm Beach	Mr. H. A. Cross, Jacksonville	
Hospital Service Corporation	Mr. W. E. Arnold, Jacksonville	Mr. H. A. Schroder, Jacksonville	
Industrial & Railway Surgeons	F. A. Vogt,Miami	J. H. Mitchell, Jacksonville	St. Augustine, 1948
Medical Examining Board	Frank D. Gray, Orlando	H. D. Van Schaick, Miami	Jacksonville, June 24-25, 1947
Medical Postgraduate Course	Turner Z. Cason, Jacksonville	Chairman	Jacksonville, June 25-28,1947
Medical Service Corporation	Leigh F. Robinson, Ft. Lauderdale	Herbert A. White, St. Augustine.	Jacksonville, June 19,1947
Nurses Association, State	Miss Elizabeth Reed, Jacksonville	Mrs. Phyllis R. Leonard, St. Augustine	Daytona Beach, Fall, 1947
Ophthal. & Otol., Soc. of	Walter T. Hotchkiss, Miami Beach	Wm. Y. Sayad, West Palm Beach	St. Augustine, 1948
Pathological Society	V. M. Johnson, West Palm Beach	Gretchen V. Squires, Pensacola	St. Augustine, 1948
Pediatric Society	Councill C. Rudolph, St. Petersburg	Robert Blessing, Ft. Lauderdale	St. Augustine, 1948
Pharmaceutical Association, State	Mr. C. G. Hamilton, Pompano	Mr. R. Q. Richards, Ft. Myers	
Public Health Association	Frank M. Gray, Tampa	Miss Elsie Hyatt, Jacksonville	Tampa, Oct. 23-25, 1947
Radiological Society	Charles M. Gray, Tampa	J. Maxey Dell, Jr., Gainesville	St. Augustine, 1948
Tuberculosis & Health Assn.	Mr. Lacy W. Thomas, Groveland	Mrs. May Pynchon, Jacksonville	
S. E. Hospital Conference	Mr. Frank Groner, New Orleans	Mr. Burton M. Battle, New Orleans	Biloxi, Miss.
Southeastern Surgical Congress	Herbert Acuff, Knoxville, Tenn.	B. T. Beasley, Atlanta	Atlanta, Ga., Mar. 8-11, 1948

	SOCIETY	PRESIDENT	SECRETARY	MEETING DATE	MEMBERS Total	MEMBERS Paid	COUNCILOR
A	Bay	C. W. Shackelford, M.D. Box 62 Panama City	William C. Roberts, M.D. 348 Cove Blvd. Panama City		13	100%	
A	Escambia *Santa Rosa	S. G. Kennedy, M.D. 816 N. Palafox St. Pensacola	N. S. Rubin, M.D. 404 Blount Bldg. Pensacola	2nd Tuesday 8:00 P.M.	55	52	A-1-48 Wm. C. Roberts, M.D. Panama City
A	Franklin-Gulf	T. Meriwether, M.D. Wewahitchka	J. R. Norton, M.D. Port St. Joe	3rd Tuesday Odd Months	7	3	
A	Jackson *Calhoun	Francis M. Watson, M.D. 120 Deering Marianna	C. A. Adams, Jr., M.D. Marianna	3rd Thursday 7:30 P.M.	14	100%	
A	Walton-Okaloosa	Arthur G. Williams, M.D. Lakewood	Ralph B. Spires, M.D. DeFuniak Springs	3rd Thursday 8:00 P.M.	10	100%	
A	Washington-Holmes	N. J. Dawkins, M.D. Vernon	B. W. Dalton, M. D. Chipley		5	100%	
B	Columbia *Baker-Hamilton	James F. Pitman, M.D. Blanche Hotel Annex Lake City	Thomas H. Bates, M.D. 27 W. Madison St. Lake City	1st Monday 7:30 P.M.	17	13	
B	Leon-Gadsden-Liberty-Wakulla-Jefferson	W. G. Miles, M. D. Chattahoochee	G. H. Garmany, M.D. Box 487 Tallahassee	Quarterly 7:30 P.M.	41	36	A-2-49 Irby H. Black, M.D. Live Oak
B	Madison-Suwannee	Joshua M. Price, M.D. Live Oak	Irby H. Black, M.D. 918 W. Howard St. Live Oak		10	100%	
B	Taylor *Dixie-Lafayette	Ralph J. Green, M.D. Perry	Walter J. Baker, M.D. Foley	Last Friday 8:00 P.M.	3	100%	175
B	Alachua *Bradford, Gilchrist Union	John H. Thomas, M.D. 749 E. Main St. No. Gainesville	Stuart D. Scott, M.D. 331 W. University Ave. Gainesville	2nd Wednesday 7:30 P.M.	33	26	B-3-48 Vernon A. Lockwood, M.D. St. Augustine
B	Duval *Clay	L. S. Laffitte, M.D. Medical Arts Bldg. Jacksonville 4	C. C. Mendoza, M.D. 430 W. Monroe St. Jacksonville 2	1st Tuesday 8:15 P.M.	215	199	
B	Marion *Levy	Henry L. Harrell, M.D. 1206 E. Ocklawaha Ave. Ocala	B. F. Drake, M.D. Professional Bldg. Ocala	3rd Wednesday 12:30 P.M.	30	27	
B	Nassau	D. G. Humphreys, M. D. Fernandina	John W. McClane, M.D. Fernandina	2nd Wednesday 8:00 P.M.	8	7	
B	Putnam	Grover C. Collins, M.D. 502 Reid St. Palatka	Claude M. Knight, M.D. Palatka	2nd Tuesday 6:00 P.M.	10	9	
B	St. Johns	G. W. Potter, M.D. 145 King St. St. Augustine	S. R. Cataro, M.D. Exchange Bk. Bldg. St. Augustine	3rd Tuesday 8:30 P.M.	16	15	
C	Brevard	Gerard E. Christie, M.D. Box 151 Titusville	I. K. Hicks, M.D. Melbourne	2nd Tuesday	14	9	
C	Lake *Sumter	John F. McGuire, M.D. 804 Montrose Clermont	Matthew Arnow, M.D. Eustis	1st Thursday 12:30 P.M.	19	14	B-4-49 Rabun H. Williams, M.D. Eustis
C	Orange *Osceola	W. G. Page, M.D. 322 E. Central Orlando	James G. Economon, M.D. 108 E. Central Orlando	3rd Wednesday 8:00 P.M.	123	118	
C	Seminole	Guy S. Selman, M.D. Sanford	Frank L. Quillman, M.D. Box 158 Sanford	2nd Tuesday 5:30 P.M.	12	11	
C	Volusia *Flagler	W. L. Jennings, M.D. 111 Broadway Daytona Beach	R. L. Miller, M.D. 258½ S. Beach St. Daytona Beach	2nd Tuesday 7:30 P.M.	52	42	532
C	Hillsborough	Edward F. Shaver, M.D. Tampa Theatre Bldg. Tampa	H. G. Cole, M.D. 315 Wallace S. Bldg. Tampa 2	1st Tuesday 8:00 P.M.	140	134	
C	Manatee	Lowrie W. Blake, M.D. Box 318 Bradenton	Millard P. Quillian, M.D. Walcaid Building Bradenton	3rd Tuesday 7:00 P.M.	16	100%	C-5-49 John M. Butcher, M.D. Sarasota
C	Pasco-Hernando-Citrus	Jere W. Kirkpatrick, M.D. Box 303 Inverness	W. Wardlaw Jones, M.D. Box 247 Dade City	2nd Thursday 7:00 P.M.	13	12	
C	Pinellas	J. Braden Quicksall, M.D. 526 13th Ave., N.E. St. Petersburg	W. C. McConnell, M.D. 313 First Federal Bldg. St. Petersburg 4	1st and 3rd Thursdays 6:30 P.M.	140	139	
C	Sarasota	Reeves A. Wilson, M.D. 317 So. Orange Ave. Sarasota	Henry J. Vomacka, M. D. Terrill Apts. Sarasota	2nd Tuesday 8:30 P.M.	25	24	
C	DeSoto-Hardee-Highlands-Charlotte-Glades	Miles A. Collier, M.D. Wauchula	M. C. Kayton, M. D. Wauchula	2nd Tuesday 8:00 P.M.	20	100%	
C	Lee *Collier, Hendry	A. L. Girardin, Jr., M.D. 212 Richards Bldg. Fort Myers	Curtis R. House, M.D. Leon Bldg Fort Myers	3rd Tuesday 7:30 P.M.	20	13	C-6-48 James R. Boulware, Jr., M.D. Lakeland
C	Polk	Edgar Watson, M.D. Box 1021 Lakeland	Joe M. Bosworth, M.D. Box 1202 Lakeland	2nd Wednesday 1:00 P.M.	76	67	450
D	Palm Beach	C. J. Derrick, M.D. Box 1164 W. Palm Beach	Victor Clarholm, M.D. Box 672 W. Palm Beach	3rd Monday 8:00 P.M.	84	77	D-7-48 Adrian M. Sample, M.D. Ft. Pierce
D	St. Lucie-Okeechobee-Indian River-Martin	Erasmus B. Hardee, M.D. Vero Beach	Adrian M. Sample, M.D. Box 176 Ft. Pierce	3rd Thursday 8:00 P.M.	17	16	
D	Broward	Curtis H. Sory, M.D. 15 S.E. 16th St. Ft. Lauderdale	Rudolph W. Heath, M.D. 2421 Boulevard Hollywood	4th Tuesday 8:00 P.M.	60	53	D-8-49 Russell B Carson, M.D. Ft. Lauderdale
D	Dade	Warren W. Quillian, M.D. 134 Alhambra Circle Coral Gables 34.	Jack Q. Cleveland, M.D. 147 Alcazar Ave. Coral Gables	1st Tuesday 8:30 P.M.	409	368	
D	Monroe	James B. Parramore, M.D. 523 Whitehead St. Key West	A. H. Hamilton, M.D. 611 Fleming St. Key West	2nd Thursday 8:00 P.M.	10	8	580

*Supervise and aid until organized separately.

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